Challenges for Today Opportunities for Tomorrow

MANITOBA

"MENTAL RETARDATION 20 YEAR PLAN"

REPORT TO THE
MINISTER OF COMMUNITY SERVICES & CORRECTIONS
1982

TASK FORCE ASSIGNMENT

To develop a comprehensive plan to meet the needs of all mentally retarded citizens of Manitoba over the next twenty years.

Submitted by:
THE TASK FORCE ON MENTAL RETARDATION

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THE DEPARTMENT OF
COMMUNITY SERVICES AND CORRECTIONS

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September 20, 1982

The Honourable Mr. L.S. Evans
Minister of Community Services and Corrections
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Mr. Evans:

The Government of Manitoba, in 1979, sponsored the organization of a Task Force to formulate direction for the mental retardation system for the next 20 years. The initial stakeholder group of 30 agencies from the private and public sectors delegated this responsibility to us, a Steering Committee, who undertook a review of the current system with the assistance of a small project team.

The Steering Committee as originally formulated included:

Sister Bertha Baumann - Director of the St. Amant Centre
Nicola Schaefer - Parent
Jim Rodger - President, C.A.M.R. - Manitoba Division
Helen Steinkopf - Parent, and operator of the Steinkopf Residences
Doug Arnold - Parent
A Government Representative - to be named.

The group selected Doug Arnold from their number to act as Chairman. Shortly after the study began, Dr. Glen Lowther, Program Director of Mental Retardation Services joined the Steering Committee as the government representative.

After some months, Mr. Rodger resigned both as President of C.A.M.R. - Manitoba and from the Task Force Steering Committee. His place on the Steering Committee was taken by Nerina Robson, the newly elected President of C.A.M.R. - Manitoba Division. Approximately six weeks before study completion, Nerina Robson and Nicola Schaefer resigned from the Steering Committee. These vacancies were not filled.

We, the remaining Steering Committee members, take pride in presenting this report as the culmination of our responsibility. We beleive that the issues raised in the report portray many of the difficulties and anxieties of the various stakeholders of the system. We further believe that the recommendations made in the study, will, when implemented, alleviate those difficulties and concerns to a considerable degree and will help improve the quality of life for citizens with mental retardation.

In closing, we thank the many people who contributed during the review of the current system, the Project Team for their unswerving dedication to the task at hand, and the Department of Community Services and Corrections for the opportunity to participate in such a challenging assignment.

Yours truly,

TASK FORCE ON MENTAL RETARDATION

Arnold

J.D. (Doug) Arnold
Chairman

EXECUTIVE SUMMARY

Throughout the study the Task Force witnessed a genuine commitment to meet the needs of citizens with mental retardation. The study team endeavoured to identify the key issues, recommend initiatives for improvement while avoiding any suggestions of blame for current deficiencies. We strongly urge recipients of this report to read it in the same constructive vein.

We recognize there are many fine programs and services presently in operation in Manitoba to support the needs of citizens with mental retardation. The Task Force, however, focused attention where perceived difficulties suggested warranted improvement. It is therefore, reasonable to assume that the Task Force has not presented a report that is fully balanced with the many positive activities happening in this particular field. Since the study began in 1980 there have been significant improvements brought about by both private and public sectors. It is hoped that all recipients of this report will accept the fact that the greatest contribution to effect positive social change is to recognize the issues and focus attention where change is required and to work cooperatively for improvement in the various parts of the service system with an evolutionary approach.

Approximately 400 people throughout the Province of Manitoba submitted their concerns on mental retardation to the Task Force. These people, with vested interests, were recognized as stakeholders and seven groupings were identified. Each of the stakeholders had specific and general concerns. These are identified in broad form immediately following and more specifically as key issues in the various planning modules.

	STAKEHOLDERS	MAJOR CONCERN
1.	INDIVIDUALS WITH MENTAL RETARDATION	SECURITY AND TO BE PART OF SOCIETY
2.	FAMILIES	ENCOURAGEMENT, SUPPORT AND APPROPRIATE SERVICES IN THEIR COMMUNITY OR REGION THAT ENSURE THE BEST CARE AND PROTECTION.
3.	ADVOCATES	ACCESSIBLE SERVICE SYSTEM/ HUMAN RIGHTS/NORMALIZATION
4.	SERVICE PROVIDERS	THE NECESSARY RESOURCES AND AN ENVIRONMENT WHICH MAKES IT POSSIBLE TO HANDLE THE TASK
5.	ADMINISTRATIONS	THE ABILITY TO FUND THE SERVICES REQUIRED
6.	GOVERNMENT	VALUE FOR MONEY EXPENDED
7.	TAX PAYERS	NO UNDUE INCREASE IN TAXES
8.	ALL	BEST DEVELOPMENTAL CARE AND SUPPORT AFFORDABLE.

It should be recognized that while stakeholders had different vested interests and responsibilities they shared many concerns. The Task Force recognized that the common concern for all was "The best developmental care and support affordable". The Task Force sees this common concern as a provincial challenge to be met over the next 20 years.

This is consistent with the challenge from the previous Minister of Community Services and Corrections; "I would like to see one of the finest mental retardation systems in Manitoba — second to none in North America." "I hope the Task Force, in its study, will also save millions of dollars in the future". This is also consistent with the performance of efficiency required of administrations and managers in any system.

The field of mental retardation has undergone dramatic changes in the last decade. There is every reason to believe this will continue as society strives for improvement in the years ahead.

The Task Force has used a base of 1% of the population as the number of individuals with mental retardation who require some form of special assistance, and is broken down as follows:

6,000 — occasional assistance
2,500 — partial assistance
1,500 — continuing assistance.

The approximate 10,000 individuals requiring assistance and special services should remain relatively constant to the year 2002. However, the type of assistance and specific services will vary with extra attention required for the aging population. There is an anticipated reduction in the ratio of people with mental retardation after the year 2002.

The Task Force has endeavored to present a focus for each of the three sections of the report. The sections of Direct Services, System Support and System Administration have separate planning modules with crucial recommendations. The following focuses are presented for the purpose of an executive overview.

A. DIRECT SERVICES FOCUS

The challenge to the private and public sectors, and especially to the present stronger administrations of larger facilities, will be to accelerate residential options with a greater variety of community living closer to the education, health, and social resources of the respective communities with appropriate personal supports.

- THE TASK FORCE RECOMMENDS THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE DIRECTION FOR ACCOMMODATION FOR THE FUTURE WITH A POLICY STATEMENT WHICH INCLUDES RESIDENTIAL NEEDS AND INCOME MAINTENANCE THAT WILL:
  - ENSURE THAT DIRECT SERVICES ARE PROVIDED IN A DEVELOPMENTAL MODEL IMPROVING THE QUALITY OF LIFE FOR ALL RESIDENTS WITH SPECIAL NEEDS.
  - ENSURE THAT EACH REGION OF THE PROVINCE CARES FOR ITS PEOPLE WITH SPECIAL NEEDS TO THE GREATEST EXTENT POSSIBLE ALLOWING FOR CHOICE OF SERVICES.
  - SHOW PLANNED MOVEMENT TO SMALLER RESIDENTIAL UNITS.

B. SYSTEM SUPPORT FOCUS

The key challenge to service providers and administrations is the need to observe, interpret and act upon an incredible amount of information. The rewards in terms of success for the individual with mental retardation and for all stakeholders depends directly upon the system support and action taken on an individual's assessment. For many people with mental retardation, assessment is a birth to death process. It is basically one of assessment, planning, implementation and re-assessment.

- THE TASK FORCE RECOMMENDS THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE A PROVINCIAL COORDINATOR FOR ASSESSMENT OF INDIVIDUALS WITH MENTAL RETARDATION. Persons responsible for conducting assessment must be kept fully aware of the necessity of taking into account past, present, or future environmental influences. Future environmental influences must be anticipated to the best possible degree and re-assessments on an annual basis will aid as a failsafe mechanism.
  - THAT THE PROVINCIAL COORDINATOR, IN COOPERATION WITH AFFECTED AGENCIES REVIEW THE AREA OF ASSESSMENTS WITH THE OBJECTIVE OF IMPROVING INDIVIDUAL ASSESSMENT AND ENSURING ASSESSMENTS ARE BASED ON INDIVIDUAL NEEDS, TOTAL NEEDS, AND POTENTIAL.
  - THAT THE PROVINCIAL COORDINATOR FOR ASSESSMENT ARRANGE FOR THE STRUCTURING OF APPROPRIATE ASSESSMENT REVIEW TEAMS IN EACH REGION OF THE PROVINCE TO HANDLE REVIEW OF ASSESSMENT.
  - THAT THE PROPOSED INFORMATION AND PLANNING GROUP MONITOR THE INFORMATION RECEIVED TO ENSURE THAT ASSESSMENTS AND INDIVIDUAL PLANS ARE ANNUALLY REGISTERED WITH THE DATA CENTRE.
  - THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY MAKE ARRANGEMENTS AS REQUIRED FOR APPRAISAL OF ASSESSMENTS WHEN APPEALS ARE LODGED WITH THE AUTHORITY OR WHEN THERE IS SUFFICIENT CAUSE TO WARRANT INDEPENDENT INVESTIGATION.

Mental retardation, when measured in human values, totals out to extremely high and painful costs borne by individuals, families and society at large. When measured in economic terms, the costs for a person requiring lifelong support will be approximately one million dollars. A significant consideration to developing action programs of prevention and intervention is that, mental retardation typically appears at birth, infancy, or early childhood. This long term disability dictates that prevention be given a high priority if we are to have greater hope for the future. A responsibility centre will have to be established so that a concerted effort of prevention can lift the barriers of general application. Research and our present knowledge base would be utilized to decrease the numbers of mentally retarded people over the next 20 years.

- THE TASK FORCE RECOMMENDS THAT THE MINISTER OF HEALTH DIRECT A GREATER EMPHASIS ON THE PREVENTION OF MENTAL RETARDATION.
  - THAT A FORMAL PROVINCIAL RESPONSIBILITY CENTRE BE ESTABLISHED FOR THE PREVENTION OF MENTAL RETARDATION.
  - THAT A REVIEW OF FUNDING AND RESOURCING REQUIREMENTS BE CONDUCTED TO ENSURE FULL SUPPORT IS PROVIDED TO THIS FIELD.
  - THAT SPECIFIC LONG TERM GOALS BE DEVELOPED TO SUBSTANTIALLY REDUCE THE INCIDENCE OF MENTAL RETARDATION OVER THE NEXT 20 YEARS.

If individuals with mental retardation are accorded the same level of protection as the rest of society, much of the confusion, frustration and demands for equal rights would subside. The Province of Manitoba must regard protection as a top priority for providing improvements in the care of its citizens with mental retardation. A responsibility centre will be required from the private/public sectors to ensure all direct system services and system supports are fully established and adequately resourced. All improvements should be implemented by trained personnel.

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH A HUMAN DEVELOPMENT AUTHORITY WITH MEMBERSHIP FROM THE PRIVATE AND PUBLIC SECTORS TO ACT AS A FORUM TO ENHANCE THE PARTNERSHIP AND IMPROVE SERVICES AND WORKING RELATIONS BETWEEN REGIONAL/LOCAL COMMUNITIES AND INSTITUTIONAL SERVICES. The proposed Human Development Authority will function as a formal provincial protection and appeal group.

C. SYSTEM ADMINISTRATION FOCUS

It has become evident to the Task Force that the multiplicity of needs of citizens with mental retardation requires the services of several government departments, directorates, branch services and numerous organizations in the private sector.

A more effective partnership is required within government departments, private sector agencies, and between government and the private sector. Once this is established, government will be able to provide more positive control of managing the system. This will result in more effective planning, clearer jurisdictions, greater ease for implementation and monitoring, and positive direction for the future. The private sector has shown tremendous initiative; the challenge to the province must be picked up by the main government authority, the Department of Community Services and Corrections. The enhancement of planning and organizational services at the local, regional and provincial levels will help to develop a stronger continuum.

- THAT THE GOVERNMENT OF MANITOBA EMPHASIZE THAT MENTAL RETARDATION IS PRIMARILY A SOCIAL CONDITION BY DESIGNATING THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS AS THE PRIME RESPONSIBILITY CENTRE IN GOVERNMENT FOR THE COORDINATION, PLANNING, AND ORGANIZATION OF SERVICES TO MEET INDIVIDUAL AND SYSTEM REQUIREMENTS. THAT THIS MINISTRY ENSURE THAT OTHER DIRECTLY INVOLVED DEPARTMENTS COOPERATE TO ENSURE MAXIMUM BENEFITS FOR THOSE WITH MENTAL RETARDATION BY EFFECTIVELY UTILIZING GENERIC AND SPECIALIZED PROGRAMS.

The challenge in system administration will be the continued planning of controls into goal setting appropriate to the assessment of individual and system needs. The differentiation of what is measurable and controllable will become the real test of the managers in the system. It will be crucial that the missions as stated in this report be advanced for the optimum benefit of all stakeholders. This will assist immensely in minimizing internal conflicts between organizations in the system. When the system missions are in place, and long term direction is established, any achievement in any part of the system should be regarded as a gain and win for the whole system.

The systems of community and institutional services will become closer allied to develop one new mental retardation system that effectively works with the generic services. When organization and individual goals become secondary to provincial missions, then the systems of community and institutional services will be more integrated. Services will become more readily and equally accessible to all citizens. With more options and opportunities there will be more hope for the future.

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS FORMALLY ADOPT THE PROPOSED SYSTEM MISSIONS AND FOLLOW WITH A PROGRESSIVE THRUST OF DEVELOPMENTAL SERVICES IN 5 YEAR PLANS OVER THE NEXT 20 YEARS WITH APPROPRIATE SYSTEM TRACKING TO KEEP DEVELOPMENTS ON TARGET.

D. SYSTEMS MISSIONS

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROMOTE PREVENTION AND EARLY DETECTION OF MENTAL RETARDATION AND PROVIDE THOROUGH ONGOING ASSESSMENT OF NEED FOR EACH INDIVIDUAL
- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE PROVISION OF QUALITY RESIDENTIAL OPTIONS, TRAINING, DEVELOPMENT, WORK AND LEISURE OPPORTUNITIES RESPECTING THE NEEDS, ABILITIES AND DESIRES OF EACH INDIVIDUAL.
- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROMOTE AND SUSTAIN SUPPORTIVE FAMILY AND GUARDIAN RELATIONSHIPS AND PROVIDE ADVOCACY TO INDIVIDUALS AND THEIR FAMILIES AS REQUIRED.
- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE BASIC HUMAN RIGHTS FOR CITIZENS WITH MENTAL RETARDATION WHILE PROVIDING ADEQUATE PROTECTION FROM PHYSICAL AND EMOTIONAL HARM.
- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROMOTE GENERAL PUBLIC EDUCATION AND ACCEPTANCE OF PEOPLE WITH MENTAL RETARDATION.
- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE AN ENVIRONMENT OF COMMITMENT TO THE NEEDS OF PEOPLE WITH MENTAL RETARDATION AND A REWARDING EXPERIENCE FOR VOLUNTEERS.
- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS EMPHASIZE LOCAL AND GENERIC SERVICES WHILE MAXIMIZING ECONOMY AND EFFICIENCY THROUGH COOPERATIVE UTILIZATION OF BOTH GOVERNMENT AND PRIVATE RESOURCES.

Many stakeholders are aware of the difficulties inherent in large and small administrations. They are also aware there is much departmentalization with various private and public sector agencies carrying different programs. The stakeholders, and especially the parents, know that different administrations have differing philosophies. As well, different ministers and managers have varying management styles. The stakeholders appreciate the difficulties presented to those in power. The parents and individual clients, however, are especially hopeful that those in control will assure more developmental programs, community options and appropriate supports with a progressive thrust. It has been made quite clear to the Task Force by many parents and other stakeholders that a system, evolutionary in nature, is highly desirable. In order to ensure stakeholder confidence of government commitment to the needs of citizens with mental retardation it will be crucial to bolster the primary continuum in the Department of Community Services and Corrections.

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS REGARD THE PROPOSED INFORMATION AND PLANNING GROUP, THE HUMAN DEVELOPMENT AUTHORITY AND THE PROPOSED RESIDENTIAL OPTIONS AGENCY AS MAJOR ORGANIZATIONAL COMPONENTS THAT SHOULD RECEIVE HIGH PRIORITY AND EARLY IMPLEMENTATION. THE PROPOSED INFORMATION AND PLANNING GROUP, WITH FURTHER INVOLVEMENT IN THE PRIVATE AND PUBLIC SECTOR, SHOULD ADVANCE IMPLEMENTATION PLANS AND BUDGET REQUIREMENTS.

For reader convenience a condensed version of the main recommendations follow.

TASK FORCE ON MENTAL RETARDATION

The Task Force wishes to highlight areas of the report from the planning modules in the 3 sections of Direct Services, System Supports, and System Administration. The highlights will provide a summary of the principle recommendations. The summary is intended for quick reference and we refer to the specific module for further elaboration.

A. RECOMMENDATION HIGHLIGHTS — DIRECT SERVICES

Reference to Module Recommendations

A.1 RESIDENTIAL CARE AND INCOME MAINTENANCE

A.1

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE DIRECTION FOR ACCOMMODATION FOR THE FUTURE WITH A POLICY STATEMENT WHICH INCLUDES RESIDENTIAL NEEDS AND INCOME MAINTENANCE THAT WILL: **6**
  - ENSURE THAT DIRECT SERVICES ARE PROVIDED IN A DEVELOPMENTAL MODEL IMPROVING THE QUALITY OF LIFE FOR ALL RESIDENTS WITH SPECIAL NEEDS.
  - ENSURE THAT EACH REGION OF THE PROVINCE CARE FOR ITS PEOPLE WITH SPECIAL NEEDS TO THE GREATEST EXTENT POSSIBLE ALLOWING FOR CHOICES OF SERVICES.
  - SHOW PLANNED MOVEMENT TO SMALLER RESIDENTIAL UNITS.

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE COORDINATION FOR REGIONAL HUMAN DEVELOPMENT PROGRAMS AND ADEQUATE RESOURCES TO RESPOND TO THE CHANGING NEEDS IN RESIDENTIAL CARE AND INCOME MAINTENANCE IN EACH REGION OF THE PROVINCE. NEEDS IN THE WINNIPEG REGION MUST BE CONSIDERED ON A PER CAPITA BASIS IN PROPER PERSPECTIVE TO THE OTHER REGIONS. **10**

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ARRANGE FOR A COOPERATIVE TRANSITION OF ALL RESIDENTIAL SERVICES PRESENTLY OPERATED BY GOVERNMENT TO BE PLACED IN THE HANDS OF PRIVATE AGENCIES. The private sector will operate all residential facilities and they will be monitored by government. A more equitable fee for service basis will be required. **22**

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH REHABILITATIVE SERVICES, ESTABLISH A RESIDENTIAL OPTIONS AGENCY WITH THE MANDATE TO ENSURE A SATISFACTORY STANDARD OF RESIDENTIAL CARE THROUGHOUT THE PROVINCE. This agency, as a branch of Rehabilitative Services will be instrumental in promoting and directing a one system structure of residential care controls. This agency should be resourced initially with 3 full time people, comprised of a Director, a clerk, and a standards officer. **23**

Reference to
Module
Recommendations

A.2 HEALTH

A.2

- THAT THE DEPARTMENT OF HEALTH AND THE COLLEGE OF PHYSICIANS AND SURGEONS RECOGNIZE THAT THE MEDICAL PROFESSION IS THE INITIAL AND PRIMARY DETECTION UNIT AND THEREFORE ENSURE THAT ADEQUATE TRAINING PROGRAMS ARE PROVIDED FOR STUDENTS AS WELL AS FOR EXISTING PROFESSIONALS. 1

- THAT THE DEPARTMENT OF HEALTH, IN COOPERATION WITH THE VARIOUS MEDICAL SERVICE GROUPS IN THE COMMUNITY, ESTABLISH A CONSULTANT GROUP TO PROVIDE SUPPORT AND ADVICE TO INDIVIDUAL PRACTITIONERS OR GROUPS WITHIN THE MEDICAL COMMUNITY. The consulting would include the treatment and care of persons with special needs, the development of human resources and the need for additional services. 1.1

- THAT THE MINISTER OF HEALTH ENSURE PROPER TRAINING PROGRAMS FOR RESOURCE PEOPLE IN THE HEALTH FIELD AND FOR ASSESSMENT, PREVENTATIVE OR REMEDIAL SERVICES AS REQUIRED. 1.2

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE MEDICAL FACILITIES AND RESOURCES AT THE MANITOBA SCHOOL BE APPROPRIATELY UPDATED. 7

- THAT THE MINISTER OF HEALTH ENSURE THAT MEDICAL FACILITIES AND RESOURCES IN THE HOSPITAL AT PORTAGE LA PRAIRIE BE STRENGTHENED TO ACCOMMODATE RESIDENTS FROM THE MANITOBA SCHOOL WHERE THEIR NEEDS ARE NOT BEING MET BY THE SCHOOL'S INFIRMARY. 7.1

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS NOT PROCEED WITH THE DEVELOPMENT OF A NEW HOSPITAL WING AT THE MANITOBA SCHOOL. 7.2

A.3 EDUCATION

A.3

- THAT THE GOVERNMENT OF MANITOBA ASSIGN THE DEPARTMENT OF EDUCATION THE AUTHORITY AND FUNDS TO UNDERTAKE THE PLANNING AND ORGANIZATION OF ALL PRE-SCHOOL AND EARLY CHILDHOOD DEVELOPMENT ACTIVITIES INCLUDING THE INFANT STIMULATION PROGRAM. This would be done in cooperation with Mental Retardation Services, the proposed Planning Group and community service groups. 1

- THAT THE DEPARTMENT OF EDUCATION ENSURE THAT SPECIFIC TRAINING IS PART OF THE CURRICULUM FOR ALL TEACHERS AND SUPPORT STAFF TO DEAL WITH STUDENTS WITH SPECIAL NEEDS. 8

Reference to Module Recommendations

- THAT THE DEPARTMENT OF EDUCATION PROVIDE THE NECESSARY RESOURCES, DEVICES AND SPECIAL EQUIPMENT THAT SCHOOL DIVISIONS REQUIRE TO IMPLEMENT THE EARLIEST ASSISTANCE NECESSARY FOR STUDENTS WITH SPECIAL NEEDS. **8.1**

- THAT THE DEPARTMENT OF EDUCATION, MAKE AVAILABLE TO EDUCATIONAL SERVICE PROVIDERS, TRAINING INFORMATION THAT IS DESIGNED TO IMPROVE PLANNING SKILLS. The training package will include procedures and standards for planning. **8.2**

- THAT THE DEPARTMENT OF EDUCATION ESTABLISH STANDARDS THAT REQUIRE THE SCHOOLS TO ENSURE EARLY DETECTION OF CHILDREN WITH SPECIAL NEEDS. **10**

- THAT THE SCHOOL BOARDS AND THE DEPARTMENT OF EDUCATION DEVELOP A MORE EQUITABLE FUNDING ARRANGEMENT TO PROVIDE FOR SPECIAL RESOURCE STAFF AS REQUIRED. **12**

A.4 TRAINING **A.4**

- THAT THE PROVINCIAL GOVERNMENT MAKE A RENEWED EFFORT TO PROVIDE THE LEADERSHIP AND OPPORTUNITIES FOR CLIENTS TO ACQUIRE AND DEVELOP WORK RELATED ATTITUDES AND SKILLS NECESSARY TO FUNCTION SUCCESSFULLY IN SOCIETY. Emphasis must be changed from keeping clients busy to determining what they can do best in their community, thus reinforcing the independence of the individual. **1**

- THAT THE PROVINCIAL GOVERNMENT MAKE PROVISION FOR A FUNDING FORMULA THAT WILL PROVIDE FOR THE STABILITY OF THE VARIOUS CENTRES. **2**

- THAT VOCATIONAL REHABILITATIVE SERVICES, IN COOPERATION WITH ECONOMIC DEVELOPMENT AND TOURISM, UNDERTAKE TO ASSIST EMPLOYMENT SERVICE WORKERS AND EMPLOYERS TO DEVELOP THE EXPERTISE TO: **2.3**
  - ANALYZE JOBS AND ORGANIZE TASKS INTO JOB GROUPINGS THAT WILL MATCH THE ABILITIES OF THE POTENTIAL EMPLOYEE.
  - MODIFY OR DEVELOP EQUIPMENT AND DEVICES TO COMPENSATE FOR THE INDIVIDUAL'S LIMITATIONS.
  - PROVIDE ON THE JOB HELP IN ADAPTING TO NEW WORK SETTINGS OR IN ARRANGING FOR NEW SKILLS TO BE ACQUIRED WITH NEW JOBS.

- THAT EMPLOYMENT SERVICES, THROUGH WORK ACTIVITIES PROGRAMS, ENDEAVOR TO ACCOMMODATE TRAINEES ON MAINTENANCE AND SPECIAL PROJECTS THAT BENEFIT THE COMMUNITY. **2.4**

	Reference to Module Recommendations
● THAT THE PROVINCIAL GOVERNMENT ARRANGE FOR FUNDS TO DEVELOP SPECIAL PROJECTS THAT RELATE TO THE DIRECT SERVICES OF HOUSING AND RECREATIONAL ACTIVITIES FOR THE CLIENTS.	2.5
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENDEAVOR TO ARRANGE FOR EMPLOYMENT SERVICES TO BE GIVEN FIRST OPPORTUNITY FOR PARTICULAR CONTRACTS, IN THE ABSENCE OF PRIVATE SECTOR INITIATIVES WHERE NEW DEVELOPMENT OR REFURBISHING IS REQUIRED FOR RESIDENTIAL ALTERNATIVES REQUIRED IN ALL REGIONS OF THE PROVINCE.	2.6
● THAT THE PROVINCIAL GOVERNMENT DEPARTMENTS AND THE PRIVATE SECTOR RECOGNIZE AN INDIVIDUAL PLAN AS CRITERION FOR ADMITTANCE TO NECESSARY PROGRAMS OR SERVICES. This will ensure that workshops and activity centres are more flexible in their eligibility criterion to accommodate clients on goal-oriented training programs.	7.1
A.5 EMPLOYMENT	**A.5**
● THAT THE MINISTER OF LABOUR AND MANPOWER IN COOPERATION WITH THE MINISTER OF ECONOMIC DEVELOPMENT AND TOURISM, AND THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH PROVINCIAL INCENTIVES TO DEVELOP PROJECTS TO EMPLOY ADULTS WITH MENTAL RETARDATION. These projects should be of a long-term nature to ensure continuing employment.	1
● THAT THE MINISTER OF LABOUR AND MANPOWER, IN COOPERATION WITH THE FEDERAL MINISTER OF LABOUR AND MANPOWER, EXAMINE INTER-PROVINCIAL INCENTIVES TO PRODUCE INCREASED EMPLOYMENT FOR CITIZENS WITH MENTAL RETARDATION. The Winnipeg Core Area Redevelopment Program should be closely examined to determine what opportunities could be advanced.	1.1
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE EMPLOYMENT SERVICES BRANCH OF REHABILITATIVE SERVICES BECOME THE DESIGNATED AUTHORITY AND BE GIVEN ADEQUATE RESOURCES AND TRAINING TO UNDERTAKE EMPLOYMENT PLACEMENT OF PEOPLE WHO ARE MENTALLY HANDICAPPED. That generic employment services be utilized to the greatest extent possible.	1.2
● THAT THE REHABILITATIVE SERVICES BRANCH BE PROVIDED THE NECESSARY RESOURCES TO ENSURE THAT ADVANTAGE IS TAKEN OF EXISTING NEW TECHNOLOGY FOR THE BENEFIT OF OUR CITIZENS WITH SPECIAL NEEDS. This will allow them to compete for employment where possible.	6

Reference to Module Recommendations

A.6 RECREATION AND LEISURE A.6

- THAT THE DEPARTMENT OF FITNESS, RECREATION AND AMATEUR SPORT, IN COOPERATION WITH MENTAL RETARDATION SERVICES AND THE CANADIAN ASSOCIATION FOR THE MENTALLY RETARDED, UNDERTAKE A PROGRAM TO INVOLVE THE COMMUNITY IN PROVIDING THE HUMAN RESOURCES TO ASSIST PEOPLE WITH SPECIAL NEEDS IN THEIR RECREATION AND LEISURE ACTIVITIES. 1

- THAT MENTAL RETARDATION SERVICES MONITOR INDIVIDUAL PLANS TO ENSURE THAT RECREATION AND LEISURE ACTIVITIES ARE APPROPRIATELY INCLUDED AS AN INTEGRAL PART OF THE PLANNING FOR EACH INDIVIDUAL. 2

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE PLANNED RECREATION AND ACTIVITIES BUILDING FOR THE MANITOBA SCHOOL IS EVALUATED AND APPRAISED ON ITS MERITS IN CONTRIBUTING TO ADVANCE THE PROVINCIAL MISSIONS. 3

- THAT EVALUATION OF THE LOCATION, SIZE AND DESIGN OF THE FACILITY, AND FUNDING ARRANGEMENTS BE CONSISTENT WITH THE LONG-TERM PLANS FOR THE MANITOBA SCHOOL AND THE CITY OF PORTAGE LA PRAIRIE. This should be done in consultation with the planners of Portage la Prairie. 3.1

A.7 PERSONAL SUPPORT SERVICES A.7

- THAT MENTAL RETARDATION SERVICES MONITOR INDIVIDUAL PLANS TO ENSURE THAT PERSONAL SUPPORT SERVICES ARE PROVIDED IN THE PLANS FOR PEOPLE WITH MENTAL RETARDATION. 1

- THAT THE PROPOSED INFORMATION AND PLANNING GROUP IN COOPERATION WITH PRIVATE AND PUBLIC ORGANIZATIONS, DESIGN AN INFORMATION AWARENESS CAMPAIGN INTENDED TO PROVIDE MORE VOLUNTEERS TO ACT AS PERSONAL ADVOCATES. 1.1

- THAT MENTAL RETARDATION SERVICES BE ASSIGNED THE ROLE OF PERSONAL SUPPORT SERVICES WITH THE FOLLOWING OBJECTIVES: 2
    - TO FACILITATE THE CARRYING OUT OF ALL ASPECTS OF THE INDIVIDUAL'S PLAN. They will not be expected to provide direct service other than in assisting the individual and personal advocate to relate to the service providers identified in the plan.

- THAT MENTAL RETARDATION SERVICES, UPON RECOGNIZING THAT THERE IS NO FAMILY OR OTHER OFFICIAL ADVOCATE, ARRANGE FOR A SUITABLE PERSONAL ADVOCATE WHO IS TRAINED TO HELP INDIVIDUALS IN DECISION-MAKING. This could be done through community organizations such as Citizen Advocacy and the Canadian Association for the Mentally Retarded. 3

B. RECOMMENDATION HIGHLIGHTS — SYSTEM SUPPORT

	Reference to Module Recommendations
B.1 ASSESSMENT	**B.1**
● THAT THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS GIVE THE MANDATE TO MENTAL RETARDATION SERVICES TO ACT AS A PROVINCIAL COORDINATOR FOR ASSESSMENT OF INDIVIDUALS WITH MENTAL RETARDATION. PERSONS RESPONSIBLE FOR CONDUCTING ASSESSMENTS MUST BE KEPT FULLY AWARE OF THE NECESSITY OF TAKING INTO ACCOUNT PAST, PRESENT, OR FUTURE ENVIRONMENTAL INFLUENCES. FUTURE ENVIRONMENTAL INFLUENCES MUST BE ANTICIPATED TO THE BEST POSSIBLE DEGREE AND RE-ASSESSMENT ON AN ANNUAL BASIS WILL BE A FAILSAFE MECHANISM.	1
● THAT MENTAL RETARDATION SERVICES IN COOPERATION WITH AFFECTED AGENCIES REVIEW THE AREA OF ASSESSMENT WITH THE OBJECTIVE OF IMPROVING INDIVIDUAL ASSESSMENT AND ENSURING ASSESSMENTS ARE BASED ON INDIVIDUAL NEEDS, TOTAL NEEDS AND POTENTIAL.	2
● THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY MAKE ARRANGEMENTS AS REQUIRED FOR APPRAISAL OF ASSESSMENTS WHEN APPEALS ARE LODGED WITH THE AUTHORITY OR WHEN THERE IS SUFFICIENT CAUSE TO WARRANT INDEPENDENT MONITORING.	8.1
B.2 LEGISLATION	**B.2**
● THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY DEVELOP SEPARATE LEGISLATION ON MENTAL RETARDATION TO BE FORWARDED TO THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS AND REMOVE ALL ITEMS OF SPECIFIC REFERENCE TO MENTAL RETARDATION FROM THE MENTAL HEALTH ACT.	5
B.3 PREVENTION	**B.3**
● THAT THE MINISTER OF HEALTH DIRECT A GREATER EMPHASIS ON THE PREVENTION OF MENTAL RETARDATION.	1
● THAT A FORMAL PROVINCIAL RESPONSIBILITY CENTRE BE ESTABLISHED FOR THE PREVENTION OF MENTAL RETARDATION.	1.1
● THAT A REVIEW OF FUNDING AND RESOURCING REQUIREMENTS BE CONDUCTED TO ENSURE FULL SUPPORT IS PROVIDED TO THIS FIELD.	1.2
● THAT SPECIFIC LONG TERM GOALS BE DEVELOPED TO SUBSTANTIALLY REDUCE THE INCIDENCE OF MENTAL RETARDATION OVER THE NEXT TWENTY YEARS.	1.3

Reference to Module Recommendations

- THAT THE PROPOSED MENTAL RETARDATION PREVENTION CENTRE, IN COOPERATION WITH MENTAL RETARDATION SERVICES AND THE PROPOSED INFORMATION AND PLANNING GROUP ENSURE THAT A PUBLIC EDUCATION PROGRAM ON THE PREVENTION OF MENTAL RETARDATION IS DESIGNED AND DELIVERED TO THE GENERAL PUBLIC. 2

B.4 APPLIED RESEARCH B.4

- THAT ALL PROPOSED EXPERIMENTAL PROJECTS IN THE FIELD OF MENTAL RETARDATION BE SUBJECT TO THE APPROVAL OF THE RECOMMENDED HUMAN DEVELOPMENT AUTHORITY. A PLAN DETAILING THE ACTIONS TO BE TAKEN AND TIME FRAMES REQUIRED FOR COMPLETION OF THE PROJECT MUST BE SUBMITTED PRIOR TO FINAL APPROVAL. 2

- THAT THE PROVINCIAL GOVERNMENT, IN COOPERATION WITH PRIVATE SECTOR FUNDING GROUPS, STIMULATE THE INTEREST OF PEOPLE IN OTHER FIELDS TO HELP RESOLVE SPECIFIC PROBLEMS AS IDENTIFIED BY THE PROPOSED PLANNING AUTHORITY AND SERVICE PROVIDERS: ENGINEERING, ARCHITECTURE, COMMUNICATIONS, ELECTRONICS, HUMAN RESOURCE DEVELOPMENT, MEDICINE, ETC. 3

B.5 RESPITE CARE B.5

- THAT MENTAL RETARDATION SERVICES CONTINUE WITH THE PROGRAM OF RESPITE CARE AND THAT THE NEED FOR RESPITE CARE BE DETAILED IN PLANNING FOR THE INDIVIDUAL AND THAT FUNDS BE PROVIDED AS PART OF THE BUDGET, TAKING INTO CONSIDERATION THE COPING ABILITY OF THE PARENT(S). Respite care must bear a high priority in assisting parents to keep their children in the community. Varying levels of needs and coping abilities will determine individual respite care requirements. The plan will be comprehensive to allow for flexibility. 1

- THAT RESPITE CARE FUNDS BE PROVIDED THROUGH INCOME SECURITY IN THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS AND THAT PROGRAM CONTENT BE MONITORED BY MENTAL RETARDATION SERVICES. 1.1

- THAT THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE $200,000 TO INCOME SECURITY IN 1984 FOR RESPITE CARE PROGRAMS WITH TOTAL FUNDS IN THE FIFTH YEAR OF THE PROGRAM TO BE $1,000,000 FOR RESPITE CARE PROVISION. This should be considered only as a significant goal and detailed feasibility and planning will provide for more precise handling. 1.2

Reference to Module Recommendations

B.6 PUBLIC EDUCATION

B.6

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE PROPOSED INFORMATION AND PLANNING GROUP WITH THE MANDATE OF COORDINATION FOR PUBLIC EDUCATION ON MENTAL RETARDATION TO WORK WITH PRIVATE AND PUBLIC SECTOR GROUPS. **1**

- THAT ADMINISTRATIONS IN THE PRIVATE AND PUBLIC SECTOR ENDEAVOR TO AVOID THE LABEL MENTAL RETARDATION AND THE STIGMA WHICH INEVITABLY IS ATTACHED TO THE INDIVIDUAL. ADMINISTRATIONS MUST DETERMINE COMPETENCY TO PERFORM PARTICULAR FUNCTIONS ON GROUNDS OF ACTUAL ABILITY INSTEAD OF RELATING VAGUE AND ANTIQUATED PSYCHOLOGICAL CLASSIFICATIONS. ELIGIBILITY FOR PROGRAMS AND SERVICES IN THE FUTURE MUST BE DETERMINED BY A FLEXIBLE INDIVIDUAL PLAN. **3**

B.7 HUMAN RESOURCES

B.7

- THAT THE PROPOSED INFORMATION AND PLANNING GROUP, IN COOPERATION WITH DIRECT SERVICE ADMINISTRATIONS, ASSESS FUTURE PAID AND VOLUNTEER RESOURCE REQUIREMENTS TO PROVIDE THE NECESSARY PLANNING INFORMATION REQUIRED BY THE SYSTEM IN THE YEARS AHEAD. **1**

- THAT THE PROPOSED INFORMATION AND PLANNING GROUP WORK WITH THE DEPARTMENT OF EDUCATION SO THAT AN AWARENESS OF THE HUMAN RESOURCE REQUIREMENTS AND OPPORTUNITIES CAN BE SHARED WITH THE RESPECTIVE TRAINING CENTRES AND THE STUDENTS IN THE SYSTEM. **1.1**

- THAT THE REHABILITATIVE SERVICES DIRECTORATE, WITH ITS BRANCH SERVICES, ASSIST COMMUNITY ORGANIZATIONS WITH ADMINISTRATIVE SUPPORT SERVICES AND WITH PLANNING AS REQUIRED. **2**

- THAT TRAINING COURSES FOR GROUP HOME OPERATORS AND OTHER COMMUNITY SERVICE PROVIDERS BE DEVELOPED AT THE COMMUNITY COLLEGE LEVEL. THESE COURSES WILL BE MADE AVAILABLE THROUGHOUT THE PROVINCE TO PRIVATE AND PUBLIC SECTOR PEOPLE. **3**

- THAT PRIVATE SECTOR ADMINISTRATIONS AND GOVERNMENT DEPARTMENTS COME TO TERMS REGARDING TRAINING PROGRAMS AND PROPER REMUNERATION. CAREER PATH DEVELOPMENT IS ESSENTIAL FOR COMMUNITY BASED SERVICE PROVIDERS. Once this is achieved, staff turnover in the community should decrease. The community staffing situation should be monitored as an important contribution to control unstable situations. **6**

Reference to Module Recommendations

- THAT REHABILITATIVE SERVICES, THROUGH ITS BRANCH SERVICE OF MENTAL RETARDATION SERVICES, PROVIDE THE INITIATIVES AND SUPPORT TO PRIVATE SECTOR GROUPS SUCH AS THE ASSOCIATION FOR THE MENTALLY RETARDED TO RALLY THE COMMUNITY FOR MORE PERSONAL VOLUNTEER ADVOCATES. THE PERSONAL VOLUNTEER ADVOCATES MUST RECEIVE SUFFICIENT TRAINING VIA SEMINARS AND WORKSHOPS SO THAT THEY ARE EQUIPPED TO ASSIST PEOPLE WITH MENTAL RETARDATION. **8**

B.8 PROTECTION **B.8**

- THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY FUNCTION AS A FORMAL PROVINCIAL APPEAL BODY THAT HAS AUTHORITY TO CAUSE INVESTIGATION OF COMPLAINTS AND CONCERNS FOR THE WELL-BEING OF INDIVIDUALS WITH MENTAL RETARDATION. **1**

- THAT MENTAL RETARDATION SERVICES, IN COOPERATION WITH ADVOCACY GROUPS, ENSURE THAT EACH INDIVIDUAL HAS A PERSONAL ADVOCATE TO ASSIST WITH DECISIONS FOR DAILY LIVING AS REQUIRED. **2**

- THAT THE PROPOSED INFORMATION AND PLANNING GROUP MAINTAIN A ROUTINE LIAISON WITH CONTINUING FOLLOW-UP WITH THE SPECTRUM OF SERVICE PROVIDERS REGISTERED TO ENSURE THE INDIVIDUAL AND THE FAMILY THAT THE CONTINUUM OF SERVICE AND SECURITY IS APPROPRIATE TO INDIVIDUAL NEEDS. **7**

- THAT THE PROPOSED INFORMATION AND PLANNING GROUP ENSURE THAT CLIENTS, PARENTS, ADVOCATES AND SERVICE PROVIDERS ARE INFORMED ON APPEAL PROCEDURES. **8**

- THAT THE PROPOSED INFORMATION AND PLANNING GROUP IN COOPERATION WITH PRIVATE AND PUBLIC SECTOR GROUPS DESIGN PUBLIC EDUCATION PROGRAMS TO INFORM THE GENERAL PUBLIC OF NEW SUCCESS STORIES AND NEW IMPROVEMENTS IN THE SYSTEM. The general public must be made aware of the pressing needs for personal advocates to help the individuals with mental retardation and thus improve on the overall image of the person who is mentally retarded. **12**

- THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY PROVIDE A YEARLY REPORT ON THE SYSTEM OF SERVICES FOR MANITOBA'S CITIZENS WITH MENTAL RETARDATION. This will provide an annual report to the Minister of Community Services and Corrections and to other key ministers and stakeholders. **12.1**
  - This will serve as a monitoring mechanism on the system to assess the forward movement of services.
  - This will provide an update on the inventory of services.
  - This will be useful public education information for the system.

C. RECOMMENDATION HIGHLIGHTS — SYSTEM ADMINISTRATION

Reference to Module Recommendations

C.1 PLANNING AND ORGANIZATION

C.1

- THAT THE GOVERNMENT OF MANITOBA EMPHASIZE THAT MENTAL RETARDATION IS PRIMARILY A SOCIAL CONDITION BY DESIGNATING THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS AS THE PRIME RESPONSIBILITY CENTRE IN GOVERNMENT FOR THE COORDINATION, PLANNING AND ORGANIZATION OF SERVICES TO MEET INDIVIDUAL AND SYSTEM REQUIREMENTS BY EFFECTIVELY UTILIZING GENERIC AND SPECIALIZED PROGRAMS. **1**

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS STRENGTHEN THE PRIMARY CONTINUUM OF SERVICES THROUGH THE REHABILITATIVE SERVICES DIRECTORATE BY ESTABLISHING AN INFORMATION AND PLANNING GROUP WITH A MANDATE FOR THE GATHERING, STORAGE, RETRIEVAL AND DISSEMINATION OF INFORMATION REQUIRED FOR PLANNING PURPOSES IN THE PRIVATE AND PUBLIC SECTORS. The proposed Information and Planning Group will have three primary functions in providing services to the private and public sectors as follows: Information Service, Planning Service, and Coordination of Public Education. **1.1**

- THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH A DATA CENTRE WITH ADEQUATE RESOURCES TO HANDLE THE INFORMATION THAT WILL BE GATHERED, STORED, RETRIEVED AND DISSEMINATED BY THE PROPOSED INFORMATION AND PLANNING GROUP. **1.2**

- THAT REHABILITATIVE SERVICES PROVIDE THE NECESSARY LEADERSHIP AND ADMINISTRATIVE SUPPORT FOR ITS BRANCH SERVICES OF INFORMATION AND PLANNING, RESIDENTIAL OPTIONS, MENTAL RETARDATION SERVICES, VOCATIONAL REHABILITATIVE SERVICES AND EMPLOYMENT SERVICES. **1.14**

- THAT THE ASSISTANT DEPUTY MINISTER OF COMMUNITY SERVICES AND CORRECTIONS TAKE A SIGNIFICANT ROLE TO ADVANCE COOPERATION AMONG GOVERNMENT DEPARTMENTS AND GENERIC SERVICES. **2.4**

- THAT THE DEPUTY MINISTER OF COMMUNITY SERVICES AND CORRECTIONS CONTINUE TO MONITOR PROGRESS IN THE SYSTEM AND TAKE MEASURES TO ADJUST DEFICIENCIES TO ADVANCE PROVINCIAL MISSIONS IN AN APPROPRIATE BALANCE. **2.5**

- THAT PROGRAM REVIEW AND EVALUATION IN THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE MORE OPPORTUNITY FOR WORKER INVOLVEMENT WHEN REVIEWS ARE BEING CONDUCTED. This will provide greater contributions to effect necessary change. **2.6**

	Reference to Module Recommendations
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE NEW STRUCTURE WITHIN REHABILITATIVE SERVICES IS EFFECTIVELY COORDINATED TO ENGENDER STAKEHOLDER CONFIDENCE.	3
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH A HUMAN DEVELOPMENT AUTHORITY WITH MEMBERSHIP FROM THE PRIVATE AND PUBLIC SECTORS TO ACT AS A FORUM TO ENHANCE THE PARTNERSHIP AND IMPROVE SERVICES AND WORKING RELATIONS BETWEEN REGIONAL/LOCAL COMMUNITIES AND INSTITUTIONAL SERVICES. The Proposed Human Development Authority will function as a formal provincial protection and appeal group.	3.1
● THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY ENSURE A YEARLY REPORT ON THE SYSTEM OF SERVICES FOR MANITOBA'S CITIZENS WITH MENTAL RETARDATION IS AVAILABLE TO ALL STAKEHOLDERS.	3.2
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE MANDATE TO REGIONAL LIAISON COMMITTEES TO ACT AS A LOCAL FORUM FOR PRIORIZING REGIONAL NEEDS. They will receive administrative support through the regional offices.	3.4
● THAT THE REHABILITATIVE SERVICES DIRECTORATE AND THE REGIONAL DIRECTORS MAKE PROVISION OF RESOURCES FOR LOCAL AND REGIONAL NEEDS. It is recognized that the small number of clients in local areas will necessitate some services to be centrally located within the regions.	4
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT A TEAM OF SPECIALISTS BE ESTABLISHED TO SUPPORT THE HUMAN DEVELOPMENT REGIONALIZATION PROGRAMS THROUGHOUT THE PROVINCE.	4.1
● THAT THE PLAN FOR THE INDIVIDUAL BE THE GUIDELINE FOR THE NECESSARY RESOURCING AND ELIGIBILITY CRITERION FOR PROGRAMS. The individual plan will list the involvement of contributors to the plan and will highlight follow-up requirements with the designated responsibility centre. Individual plans will include a budget that appropriately addresses the individual's needs.	5
● THAT THE PRIMARY SERVICE PROVIDER ENSURE PARENT AND GUARDIAN INVOLVEMENT ON INDIVIDUAL PLANS AND ENSURE FOLLOW-UP REQUIREMENTS ARE APPROPRIATELY MONITORED.	5.1
● THAT EACH PLAN REQUIRE CONTINGENCY ARRANGEMENTS FOR RESPITE CARE PROVISION AND EMERGENCY SITUATIONS.	5.2
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE PROPOSED HUMAN DEVELOPMENT AUTHORITY WITH A TWENTY-YEAR MANDATE TO ASSIST IN PROVIDING A MORE HARMONIOUS PRIVATE/PUBLIC PARTNERSHIP TO EFFECT LONG-TERM SOCIAL CHANGE FOR THE MENTAL RETARDATION SYSTEM.	6

C.2 DIRECTION

	Reference to Module Recommendations C.2
● THAT THE PROVINCIAL GOVERNMENT PROVIDE INCENTIVES AND SUPPORT THAT WILL ENCOURAGE AND BROADEN COMMUNITY INITIATIVES IN ALL AREAS OF DIRECT SERVICES. The present perception of the disincentives for developmental programs and community based services must be dispelled by demonstrating responsible and progressive provincial leadership and support that addresses the seriousness of the needs.	1.1
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS THROUGH THE VARIOUS DIRECTORATES ENSURE THAT GREATER USE OF GENERIC SERVICES IS CONSIDERED IN ALL FUTURE PLANNING AND ORGANIZATION.	1.3
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT POLICY DIRECTIVES SUPPORT A THRUST OF DEVELOPMENTAL SERVICES IN FIVE YEAR PROGRAMS OVER THE NEXT 20 YEARS. Institutional care should not be promoted as the first option.	2
● THAT THE REHABILITATIVE SERVICES DIRECTORATE AND THE REGIONAL DIRECTORS ENSURE THAT PROGRAMS AND SERVICES ARE READILY AVAILABLE AND EQUALLY ACCESSIBLE THROUGH HUMAN DEVELOPMENT PROGRAMS IN ALL REGIONS OF THE PROVINCE.	2.1
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THE RESOURCING NECESSARY FOR ACCELERATION OF COMMUNITY BASED PROGRAMS. Direct Services must create and support an environment that is positive to nuture individual development, and the incentives must be more regional to foster community integration. Decreases in the client population of the three major institutions should be priorized taking into consideration individual need, institutional size, location, condition of buildings and quality of care.	2.2
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH HIS SENIOR ADMINISTRATORS, ENSURE SUPPORTIVE LEADERSHIP TO ENHANCE GREATER RECIPROCAL SERVICES BETWEEN INSTITUTIONAL AND COMMUNITY BASED PROGRAMS.	2.3
● THAT INSTITUTIONS AND OTHER RESIDENTIAL FACILITIES BE MANAGED BY NON-PROFIT INCORPORATED COMMUNITY BOARDS, WITH GOVERNMENT RESPONSIBLE FOR ONGOING MONITORING AND EVALUATION.	2.4
● THAT THE LONG TERM DIRECTION FOR THE PROVINCIAL SYSTEM BE TO PROMOTE COMMUNITY BASED PROGRAMS AND SERVICES, PREVENT INSTITUTIONALIZATION AND SUPPORT A CAUTIOUS PHASE DOWN OF INSTITUTIONS.	2.5
● THAT THE 10 DISTRICTS OF THE WINNIPEG REGION PROVIDE THE REQUIRED COMMUNITY RESIDENTIAL OPTIONS FOR 6 INDIVIDUALS PER YEAR IN EACH DISTRICT FOR THE INITIAL 5 YEAR THRUST, THAT IMPLEMENTATION BE PLANNED FOR THE 1984/85 FISCAL YEAR.	2.5 I

	Reference to Module Recommendations
● THAT EACH OF THE 7 RURAL REGIONS PROVIDE REQUIRED COMMUNITY RESIDENTIAL OPTIONS FOR 6 INDIVIDUALS PER YEAR IN A 5 YEAR THRUST. THAT IMPLEMENTATION BE PLANNED FOR THE 1985/86 FISCAL YEAR.	2.5 II
● THAT PRESENT PLANS FOR 1983 BE REVIEWED AND ATTEMPTS TO DOUBLE THE COMMUNITY RESIDENTIAL OPTIONS SHOULD BE ENCOURAGED.	2.5 III
● THAT APPROPRIATE DAY PROGRAMS BE SIMULTANEOUSLY PLANNED AND IMPLEMENTED TO MEET THE NEEDS OF EACH INDIVIDUAL. Where possible, day program funds should be accessed from the respective ministries such as Education, Labour and Manpower, Economic Development and Tourism, Fitness, Recreation and Amateur Sport.	2.5 IV
● THAT OBJECTIVES BE CLOSELY MONITORED YEARLY AND FULLY EVALUATED AT THE END OF THE 4th YEAR OF THE PROGRAMS TO ESTABLISH CONSECUTIVE 5-YEAR PLANS.	2.5 V
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ADOPT AND PROMOTE THE SYSTEM MISSIONS AS FORMULATED BY THE TASK FORCE.	4
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROMOTE PREVENTION AND EARLY DETECTION OF MENTAL RETARDATION AND PROVIDE THOROUGH ONGOING ASSESSMENT OF NEED FOR EACH INDIVIDUAL.	4.1
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE PROVISION OF QUALITY RESIDENTIAL OPTIONS, TRAINING, DEVELOPMENT, WORK AND LEISURE OPPORTUNITIES RESPECTING THE NEEDS, ABILITIES AND DESIRES OF EACH INDIVIDUAL.	4.2
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROMOTE AND SUSTAIN SUPPORTIVE FAMILY AND GUARDIAN RELATIONSHIPS AND PROVIDE ADVOCACY TO INDIVIDUALS AND THEIR FAMILIES AS REQUIRED.	4.3
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE BASIC HUMAN RIGHTS FOR CITIZENS WITH MENTAL RETARDATION WHILE PROVIDING ADEQUATE PROTECTION FROM PHYSICAL AND EMOTIONAL HARM.	4.4
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROMOTE GENERAL PUBLIC EDUCATION AND ACCEPTANCE OF PEOPLE WITH MENTAL RETARDATION.	4.5

	Reference to Module Recommendations
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE AN ENVIRONMENT OF COMMITMENT TO THE NEEDS OF PEOPLE WITH MENTAL RETARDATION AND A REWARDING EXPERIENCE FOR VOLUNTEERS.	4.6
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS EMPHASIZE LOCAL AND GENERIC SERVICES WHILE MAXIMIZING ECONOMY AND EFFICIENCY THROUGH COOPERATIVE UTILIZATION OF BOTH GOVERNMENT AND PRIVATE RESOURCES.	4.7
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE GOVERNMENT COMMITMENT AND INCENTIVES ARE PROVIDED TO SUPPORT REGIONAL HUMAN DEVELOPMENT PROGRAMS SYSTEMATICALLY THROUGHOUT THE PROVINCE. This support will entail: ● emergency care ● training and coordination for respite care ● coordination and facilitation of assessment ● inservice training of staff ● day programs/training for clients (to prepare for community living options) ● coordination of services and system supports.	5
C.3 CONTROL & FUNDING	**C.3**
● THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS SUPPORT THE SYSTEM MISSIONS WITH A PROGRESSIVE THRUST OF DEVELOPMENTAL SERVICES IN 5 YEAR PLANS OVER THE NEXT 20 YEARS WITH APPROPRIATE SYSTEM TRACKING TO KEEP DEVELOPMENTS ON TARGET.	1
● THAT THE PROVINCIAL ASSESSMENT COORDINATOR MONITOR ASSESSMENTS TO DETERMINE THE CHANGING NEEDS OF EACH INDIVIDUAL AND ENSURE THAT PLANS ARE APPROPRIATE.	1.1
● THAT THE PROVINCIAL ASSESSMENT COORDINATOR ESTABLISH ASSESSMENT TREATMENT TEAMS IN EACH REGION OF THE PROVINCE TO ANNUALLY REVIEW ALL ASSESSMENTS.	1.2
● THAT THE PROPOSED INFORMATION AND PLANNING GROUP PROVIDE THE NUCLEUS FOR STRATEGIC PLANNING AND WORK WITH THE PRIVATE AND PUBLIC SECTORS IN APPROPRIATELY ADVANCING THE SYSTEM MISSIONS. THAT THEY MONITOR SYSTEM STRESS AND TRACK SYSTEM IMPROVEMENTS.	1.3
● THAT REHABILITATIVE SERVICES, WITH ITS BRANCH AGENCIES ACT AS A PLANNING ARBITRATION BOARD FOR RESOLVING DISPUTES ON PLANS AND DEVELOPING THE RESOURCES AND STAFF TO CARRY OUT HUMAN DEVELOPMENT SERVICES.	1.4

	Reference to Module Recommendations
THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT A MORE FORMAL APPEAL SYSTEM IS IN PLACE TO APPROPRIATELY ADDRESS THE SERIOUSNESS OF INDIVIDUAL AND SYSTEM NEEDS.	1.5
THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY ANNUALLY MONITOR AND ASSESS PROGRAMS IN THE PRIVATE AND PUBLIC SECTORS TO DETERMINE THE EFFECTIVENESS AND EFFICIENCY OF ALL ASSOCIATED PROGRAMS IN THE MENTAL RETARDATION SYSTEM IN RELATIONSHIP TO THE IMPORTANCE OF SYSTEM MISSIONS.	2
THAT THE PROVINCIAL GOVERNMENT ACCESS FEDERAL MONIES ON A 50/50 COST SHARING ARRANGEMENT FOR ALL COMMUNITY OPERATIONAL PROGRAMS INCLUDING RESIDENTIAL CARE OPTIONS AS REFLECTED IN THE FEDERAL/PROVINCIAL COST SHARING FOR INSTITUTIONAL SERVICES.	4.1
THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS THROUGH THE PROPOSED INFORMATION AND PLANNING GROUP STUDY THE FEASIBILITY OF GOVERNMENT SUPPORT TO THE ESTABLISHMENT OF A PROVINCIAL CAMPAIGN WITH A MANDATE OF RAISING FUNDS FOR COMMUNITY CAPITAL EXPANSION PROGRAMS FOR ALL REGIONS OF THE PROVINCE AND FOR RESEARCH.	5
THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS UPON REVIEW OF THE TASK FORCE REPORT AND ATTENDANT RECOMMENDATIONS MAKE PLANS TO ADVANCE THE SYSTEM MISSIONS IN PROPER PERSPECTIVE TO THE PROVINCIAL ENVIRONMENT OF: • SOCIOLOGICAL ACCEPTANCE • TECHNICAL CAPABILITY • ECONOMIC AFFORDABILITY	

Detailed plans with time frames, precise funding requirements and arrangements will be best advanced by the responsibility centres charged with implementation.

INTRODUCTION

The membership of the Ministerial Task Force on Mental Retardation was comprised of representatives from the private and government sectors of Manitoba. This supported a healthy perspective in conducting the study.

The Task Force prepared a preliminary guide that included the methodology, scope, and resourcing requirements. This was presented to the Minister of Community Services and Corrections and the study received full sanction to proceed April 1, 1980.

The Task Force Assignment was defined as follows: "To develop a comprehensive plan to meet the needs of all mentally retarded citizens of Manitoba over the next twenty years." Early in the study a significant guideline was established — "Life Without Exception".

The Task Force wanted to hear the concerns and suggestions for service improvements from as many stakeholders as possible. Notices were published in all major daily and weekly newspapers in Manitoba notifying the public of the existence of the Task Force and inviting submissions on concerns and recommendations. The study team then proceeded with individual interviews, group meetings, and site visitations throughout the Province.

Due to the complexity and sensitivity of the mental retardation field, it was deemed advisable that the study be conducted with a systems approach. This ensured greater objectivity in each segment of the assignment. The Task Force identified the inherent difficulties in the system while recognizing recent and pending improvements.

The Task Force thanks all who participated in the study for their contributions to this document. We believe that the Key Issues and Conclusions reported, accurately portray the major difficulties present in the current system. The Task Force is in agreement that the proposed solutions, when implemented, will achieve the study objective, which is:

To enhance the quality of life of all individuals in Manitoba with mental retardation by ensuring the opportunity to develop and achieve their functional potential to the maximum degree possible. This will improve their quality of life with a sense of dignity and lessen their dependence.

CHANGING SOCIAL PATTERNS

The term mental retardation is a relative concept designed to serve two major purposes:

1. to identify or label a group of people in society,
2. to justify social action with respect to those so identified.

This concept is dependent on the prevailing educational and cultural standards held by society. We are always labelling one another, sometimes by the role we play, or by the way we look, or by the way we act. In most instances, the labels are not tied closely to action. When we label people as mentally retarded, it suggests that society has regarded them as different in ways that require special action. All too often we label these people out of the mainstream to ensure security for them as well as society. However, by doing so, they are denied the opportunity to feel they are a part of society, which is also a vital need for development. In many instances our actions in society do not keep pace with the real needs.

Most often, we are unaware of how labels reflect our value judgements and this is especially true with regard to the mental retardation label. The label highlights the deficiency in terms of intelligence and social adaptability, which gives a negative perception that results in underrating and undermining a person. Many behavioral scientists believe that creation of secondary deviance that results through labelling is at least as debiliting as the primary deviance that gives rise to the labelling in the first place.

Historically, people who looked or acted differently from the majority of society have been given labels, conditional upon the thinking of the time. This situation certainly applied to people labelled as mentally retarded. Terms; idiot, imbecile and moron applied for many years to groups of people who deviated from the majority of society and the terms continue to be used in some medical books and journals today.

Labelling in Manitoba has changed over time to what is currently used:

- mildly retarded, moderately retarded, severely retarded and profoundly retarded.

There have always been different opinions on the best way to deal with mentally retarded individuals. These "best way opinions" were carried forward by the most forceful individuals and organizations of society. The opinions of the time were influenced by the sociological, technological and economic conditions that prevailed. As these three conditions changed for the better or worse, so did the services for the mentally retarded, but not necessarily in the same sequence or at the same time.

During the 1800's deviation of all types was associated with mental retardation. Criminals, the physically handicapped, the mentally ill, and the unemployed, were viewed with fear, as a threat to both the individual citizen and to the state. In this same period, the work ethic was at a peak. People who did not or could not work were feared. Regardless of the cause of their unemployment, the cure prescribed was confinement and forced labour. In the confines of the workhouses or asylums, those with mental retardation gradually became distinguishable from the mentally ill. Diagnosed as incurable and labelled idiot, imbecile and moron, they were over shadowed by the social problems they presented.

There were attempts made by some dedicated people to educate or condition mentally retarded people to make them less deviant and to conform to society's expectations. Despite some success, the closing years of the 19th century and the beginning years of the 20th century saw a marked shift from an agricultural to an industrial economy, resulting in more complex job demands that further compounded problems of unemployment for those with mental retardation. The consequence was increased confinement, with emphasis on care and protection. The work ethic was still prevalent, but there was a more benevolent attitude. The public expressed concern at what was interpreted by some to be the exploitation of people with mental retardation working in institutions. Efforts were made to discourage people being made to work. As the institutions became larger, the staff ratio did not keep pace, and with fewer residents allowed to work, there was less time for training activities.

Progressively, a period of protective residential care developed. Institutions were sheltering mentally retarded people from the adversities of society. It started out as a positive humanitarian program. However, this action resulted in physical and social isolation of the individuals and, justified by economics, institutions continued to grow in order to shelter as many people as possible.

The sheltering attitude of society based on pity and charity underwent a major change when people in authority began stating that mental retardation was one of the greatest menaces of all times. Within a short period of time, the basis for a sheltering attitude changed from protection of the mentally retarded person to protection of society from the "degenerates". Institutionalization increased and training programs declined. Basically, mental retardation was dealt with in a similar way to criminal behaviour, but lacked any formal protection mechanism such as the courts. The institutions, for a time, simply became terminal holding units devoid of any developmental or rehabilitative objectives. These transitional periods ran from the 1870's through the 1950's, with the latter perceptions being carried forward to the present time in some countries, provinces and states.

The life expectancy in earlier times for mentally retarded people was limited. Many did not live beyond their teens. It was not until the 1940's that the dramatic breakthrough occurred, with the advent of penicillin and other miracle drugs. People with mental retardation were given a life expectancy of three times their previous life span. Unfortunately, despite some major advances, progress in the social system has not matched progress in the medical fields. The community has not been adequately geared to the needs of those with mental retardation. The perceived astronomical cost implications to adequately resource the community has overshadowed the soundness of such investment.

In the last three decades, a new era of public enlightenment began with mental retardation being viewed as a social problem which could be dealt with in a much more constructive way by fostering public acceptance, education, training, support and individual attention. This perception of mental retardation has led to an increase in community based residential and developmental services in Manitoba over the last ten years.

Within scientific and scholarly traditions, the one belief that seems not to change is that "the more you know, the more you need to know". This belief should make one suspicious of any stance that says "our present concepts and actions will require no revision". The field of mental retardation has undergone dramatic change and there is every reason to believe that this will continue as society strives for human development in the years ahead.

POPULATION PROFILE

The Task Force initially reviewed the definition of mental retardation which was produced by the American Association for Mental Deficiency (1975) and which appeared to be the definition used by the majority of the stakeholders.

"Mental retardation refers to:

1. significantly subaverage general intellectual functioning, existing concurrently with
2. deficits in adaptive behaviour, and
3. manifested during the developmental period."

An operational definition was derived which suggested that subaverage general intellectual functioning is an I.Q. of 70 or less; while an I.Q. of 90 – 110 is considered normal intellectual functioning. Deficits in adaptive behaviour is the incapability of an individual to lead an independent life. The developmental period is from birth to adulthood which is approximately 18 years of age. When the three components are not present concurrently, then one is not to be considered mentally retarded.

Thus in the early phases of the study it appeared that the definition of mental retardation would be straight-forward, operational and therefore quantifiable in terms of how many people are in this category. However, after the Task Force reviewed the data, it was evident that individuals considered mentally retarded encompass a much broader group than the previous definition would indicate. In fact, some people consider, or label individuals mentally retarded right up to the normal range. Furthermore, services which are designed to meet the needs of higher functioning people very often serve individuals who are lower functioning. Services for lower functioning people at times deal with higher functioning groups as well. When it appears to be in the best interest of an individual, a person is labelled mentally retarded, with all good conscience. In addition, generic services which could be of benefit to an individual are sometimes inaccessible because the service group considers the individual to be mentally retarded and therefore ineligible.

The study scope thus developed to comprise;

a. people who meet all of the A.A.M.D. criteria currently,
b. people who meet one or two criteria, and
c. on rare occasion, some who do not meet any of the criteria.

The Task Force has dealt with all levels of mental retardation including those suspected, and all parts of the service system which deals with these people.

In the study the Task Force has witnessed a confusing array of perceptions among stakeholders interviewed, such as:

"Lots of people are out there who are retarded but not getting services;"

"All this Province wants to do is institutionalize retarded people;"

"3% of the population of Manitoba are retarded;"

"1% of the population of Manitoba is retarded and in need of service."

These statements tend to confuse people on how many mentally retarded people are really in Manitoba and how many of them actually require additional services over and above the services available to the general public. The Task Force will show a more realistic picture of the mentally retarded population to be considered in Manitoba.

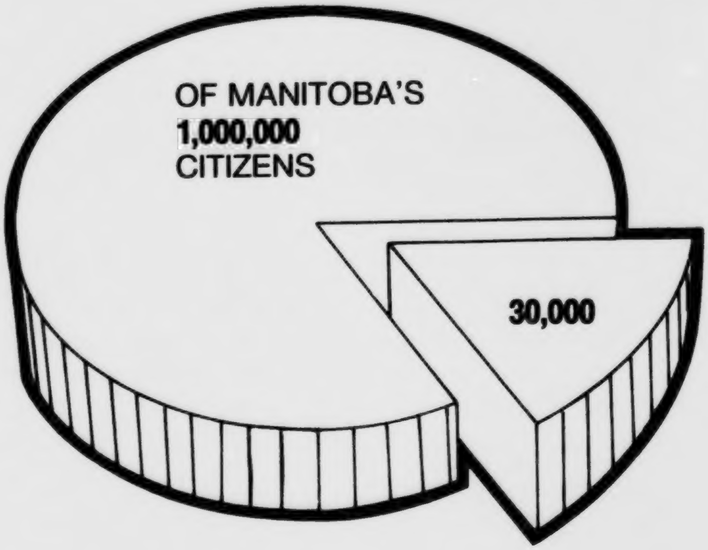
The Hull Report (1979) which reported a survey of several hundred agencies in Manitoba, used a very broad definition of mental retardation and identified 6,869 individuals, of whom 1,350 were receiving care in the larger institutions. Manitoba's population at the time was 1,021,400 people. The mentally retarded population represented .7% of the Provincial population in that study.

After reviewing all of the data collected the Task Force has concluded, individuals with mental retardation who require some form of special assistance are represented in Manitoba as follows:

6,000 — occasional assistance
2,500 — partial assistance
1,500 — continuing assistance
10,000 or approximately 1% of the population.

Since 1970 there has been a noticeable decline in the numbers of people with mental retardation. This decline should eventually offset the population growth resulting from the increased life expectancy for persons with mental retardation. The number of individuals requiring assistance and special services should remain relatively constant to the year 2002. However, the type of assistance and the specific services will vary with extra attention required for the aging population. There is an anticipated reduction in the numbers of people with mental retardation after the year 2002.

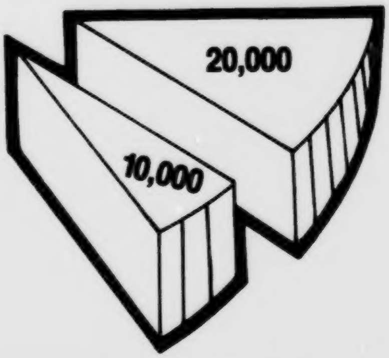
POPULATION PROFILE



(1) MANITOBA'S POPULATION OF 1,000,000 CITIZENS

(2) 30,000 PEOPLE HAVE SOME LEVEL OF MENTAL RETARDATION

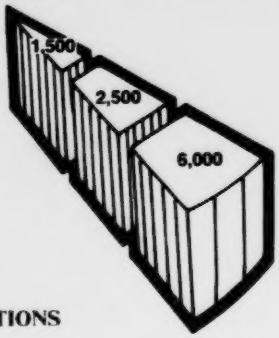
AT ANY GIVEN TIME.



(3) 20,000 OF THESE PEOPLE GET ALONG IN LIFE WITHOUT ANY SPECIAL SERVICES

(4) 10,000 PEOPLE DO REQUIRE SOME FORM OF SPECIAL ASSISTTANCE

THE INDIVIDUALS WHO REQUIRE SOME FORM OF SPECIAL ASSISTANCE IS FURTHER INDICATED BY LEVELS OF NEED.



(5) OCCASIONAL ASSISTANCE
6,000

(6) PARTIAL ASSISTANCE
2,500

(7) CONTINUING ASSISTANCE
1,500

ALL ABOVE FIGURES ARE APPROXIMATIONS

A. DIRECT SERVICES

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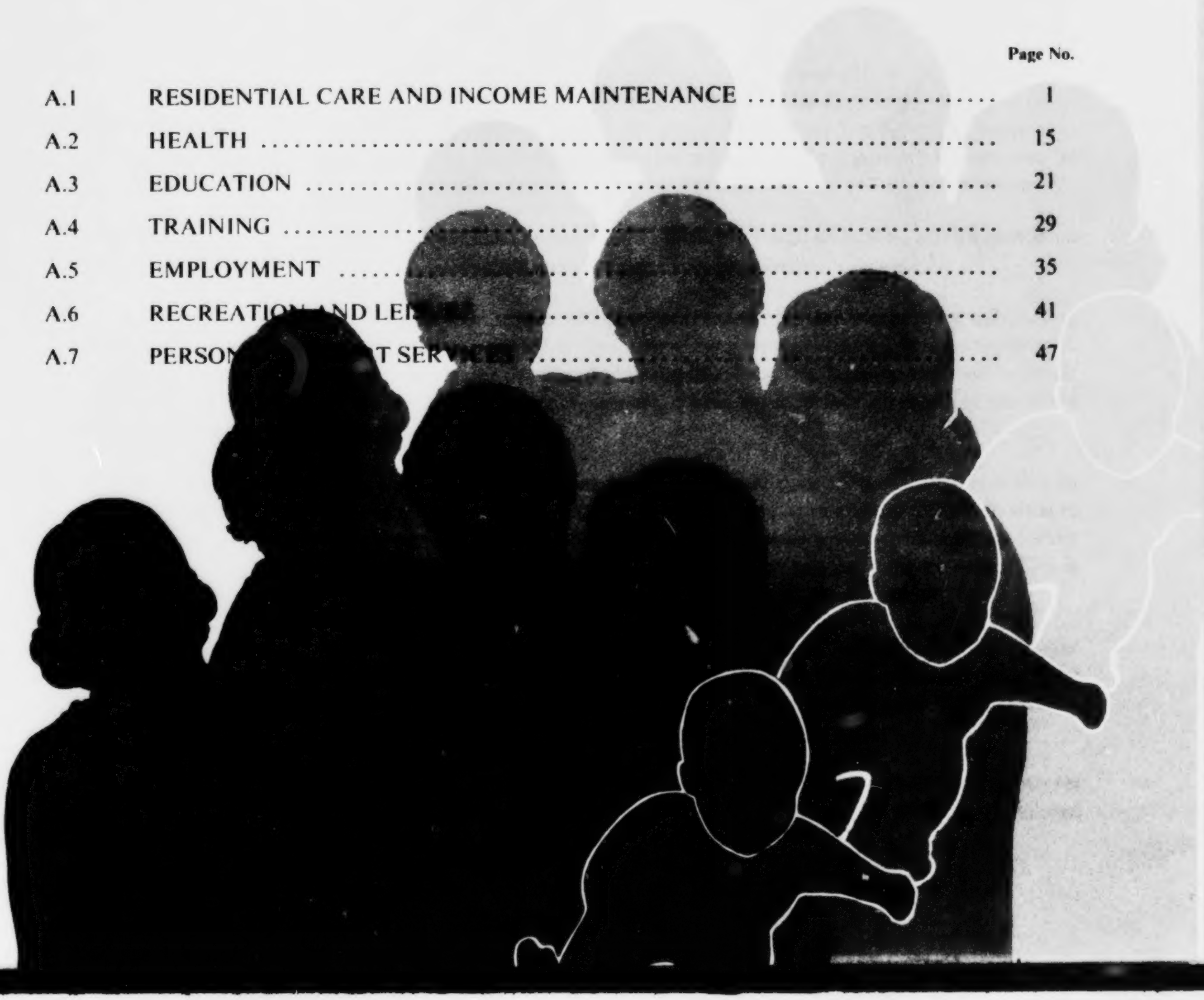

DEFINITION

Residential Care and Income Maintenance refers to all places where a home is provided and required care is assured by appropriate funding.

INTRODUCTION

The security base attributed to the home is one of the most important factors in a person's life. Basic security and appropriate care must include adequate food, clothing, special equipment, transportation and personal allowance.

Traditionally, government maintenance has been provided to individuals who are unable to generate their own funding, so that they are still able to purchase the necessities for survival. The amount of funding has been fixed as a base level for all people, with some provision for additional special needs. Once the amount has been determined and the monies paid out to the service provider, it is felt that an adequate public service has been provided. In the majority of cases, this has been true and those with mental retardation have been either maintained at home under family guidance or at public expense in one of the three institutions or community residential options.

A child's early home psychological experiences lay the foundation for his or her later participation in society as an adult. The stabilization of adult personalities is further developed through learning experiences provided in the place of residence.

An infant with mental retardation is generally best served in an environment of love where appropriate stimulation, warmth, and acceptance are provided. A child/adolescent deserves the same opportunities as other citizens to develop and participate as a member of society. An adult should have the right and support to contribute to his own welfare and that of his community within his capabilities. In a person's senior years he or she deserves the comfort and security of residential care and income maintenance in a respectful manner.

Throughout a person's life varying needs are best met by family, friends, advocates, service providers, administrators and funders that keep the individual at the centre of all planning.

The environment one is reared in can provide either a positive learning experience, or a debilitating experience. A positive learning experience is provided when a stimulating environment encourages motivation while capacity and opportunity for learning are developed with dignity. Negative learning experiences result when the environment reduces motivation and when a person's initial capacity is further lessened and also when the opportunity for learning is delayed or denied.

We know that individuals with mental retardation learn at a slower pace than other individuals and the way they conceptualize their world or adapt to life's pressures varies more dramatically from individual to individual. When individuals have severe behaviour problems and multiple handicaps, the stress on the family or guardian increases tremendously, to the point where some members cannot cope with the situation. This is one of the prime reasons that the family or guardian turn to the service agencies for assistance.

Prior to 1939, people with mental retardation who could not be cared for at home under family guidance, were accommodated in the one large provincial institution at Portage la Prairie for care at public expense. The life expectancy of those classified as severely or profoundly retarded was extremely limited. Thus the mildly and moderately retarded individuals were the prime institutional residents.

With the advent of antibiotics in the 1940's and with the increase of tube feedings, life expectancy for all persons with mental retardation increased dramatically. For moderately, severely and profoundly retarded people, life expectancy tripled. By the early 1970's the number of individuals and the severity of their handicaps had increased substantially. In the same period, an equally significant development commenced with more positive attitudes toward the mentally retarded. Gradually, mental retardation began to be viewed as a social problem rather than a medical problem. Helping professionals outside the medical profession became interested and were soon demonstrating more could be done to reduce the total dependency that previously had been taken for granted.

In the last two decades, momentum has been growing to develop more community options in the progressive countries of the world. These options allow people to remain in the family home, or to be accommodated in foster homes, group homes or supervised apartment living. Just as various residences are required throughout a person's lifetime, various residential options are required for persons with mental retardation. In the early seventies, substantial provincial investment was provided with the introduction of Community Mental Retardation Services and the attendant funding to various community living options. Significant financial and moral support has been offered from the citizens of Manitoba for community living options through local community groups and the Manitoba Marathon. However, many among those most directly affected do not see the community group homes and other current community options with the present supports as suitable alternatives to institutional care of individuals with heavier needs, particularly those with severe behaviour problems, multiple handicaps, and those who have serious medical problems. These same people want the security of the institution. Others want the security of institutions to be replicated and demonstrated in the community with sufficient and appropriate options that provide effective developmental programs.

Today, given the opportunity, many people with mental retardation are demonstrating their abilities to be productive citizens in the community and others are demonstrating that they can become less dependent. In light of these trends, many stakeholders raised a number of concerns about residential care and income maintenance and they have stated that this most crucial area is receiving a very low priority by society.

KEY ISSUES

I. Due to lack of assessments, there is no agreement by the service providers on the number, or variety of current and future accommodation requirements.

II. There is insufficient formal, comprehensive, cooperative planning across levels of both the public and private sectors with respect to accommodation provided in Manitoba for those with mental retardation.

III. Sufficient funds are not made available to maintain mentally handicapped individuals in the community; this acts as a disincentive to people keeping their own or others in the community.

IV. Tying most of the maintenance funding to programs (by per diems) rather than to the person, reduces the flexibility necessary to provide individualized services essential to accommodate the varying levels of development experienced by the individual.

V. Confusion exists regarding what services maintenance funds should cover in the community.

VI. There is disagreement among the funding sources on priorities with respect to accommodation.

VII. There are insufficient quantities of appropriate accommodation provided in Manitoba for individuals with mental retardation.

VIII. There are inadequate formal standards and insufficient follow-up control provided in community based and institutional accommodation.

IX. The provision of services in institutions for adults who are mentally retarded is perceived by many to be impersonal, expedient and lacking in human dignity.

DISCUSSIONS/CONCLUSIONS

Since 1970 there has been a noticeable decline in the number of people with mental retardation. This decline should eventually offset the population growth resulting from the increased life expectancy. The number of individuals requiring accommodation should remain relatively constant to the year 2002. However, there will be a change in the type of residential care required and the level of income maintenance. Most adults who are moderately retarded and who have been living with their parents, will likely continue to remain in the parental home until their parents are no longer able to care for them. It will be important to have the age statistics of the parents, as well as the individuals in need, to help determine any fluctuation of residential requirements for the future.

There is also a tendency on the part of some parents of young adults who are moderately retarded to apply for community living options for their children, which will entail a move from the parents home in their early or mid-twenties. This means that a steady expansion of community residences and other community service supports will be required even with a stable population. Applications for community living options will also increase as the service options improve.

The adult who is severely and profoundly retarded, being cared for in the parental home is not expected to live as long as individuals with moderate mental retardation (average 40 years life expectancy for severe and profound). The effect of the lower birth rate will be experienced around the turn of the century with a decrease in numbers. However, there will be an increased tendency for parents to request that their sons and daughters live near them in their community and not be isolated in another part of the province. Escalating cost of travel will reinforce this demand.

Continuing improvement in the quality of care will remain the prime concern of all stakeholders. The societal trend is also indicating that the private and public sectors are striving to have more of the provincial needs dealt with on a more regional, and local basis.

There have been some appraisals on the number of individuals from the Manitoba School who could benefit from community living options. These appraisals have been met with mixed reactions by various stakeholders in the system. The number often reported to the Task Force was that 200 of the current 860 residents could be placed in the community if community resources were sufficient to handle their needs. Likewise, various appraisals concerning the ideal number of residents at St. Amant have indicated a disagreement on the number of individuals that could benefit from community living experiences which ranged from 270 to 70 to 7 of the total population of 270. The establishment of the Pelican Lake Training Centre at Ninette in 1973 with a resident population of 70 was intended to be a transitionary residential care facility that would prepare residents for the community. This facility has earned a reputation with behaviour modification techniques but has received only marginal support and success in returning residents to the community. Additionally, there has been disagreement on the number of individuals currently in the community who will require alternate residential care. There is a great need for more complete assessment and documentation of the number and variety of accommodation requirements. This information is essential for more formal and detailed planning on an individual, regional and provincial basis. The focus for residential care must be on meeting needs more appropriately, just as other societal needs are being met on a regional basis; by schools, hospitals, correctional facilities, and personal care homes.

To date, provision of shelter has been the result of judgements made by private and public sector mid-management people who have been under pressure from the community to respond to ball park estimates of need. These estimates have been based, at best, on waiting lists, which are only a partial indicator of the true needs. There has been little or no opportunity to determine if the shelter spaces being supplied are in fact what would be requested if the funding were tied to the plan for the individual rather than to the agency providing the housing.

Income maintenance for individuals has not been increased to compensate for their changing needs. When people with mental retardation are accommodated in the larger institutions, their needs are provided for at no charge to them or their families. Parents and other concerned advocates therefore find it confusing that while they are being encouraged to help people remain in the community, they are expected to make a significant contribution to the costs involved in provision of maintenance services. This expectation is becoming a major disincentive to the development of appropriate alternatives to maintenance in larger residential care facilities.

To date, where funds have been made available in the community for maintenance related service, the practice has been to tie the funds to programs. Recipients or advocates may be fearful of losing existing services and are reluctant to voice concerns or possible alternatives. The alternatives available to the individual and the planners are limited by tying maintenance funds to the service providers. Personal planning is hindered making it difficult to tailor services to the needs of individuals. When services are available, there may be difficulties with clients lacking assistance for transportation.

Disagreement among the funding sources on residential priorities is due primarily to a lack of strategic planning. Some stakeholders in the private sector are concerned with the slow progress in developing sufficient and appropriate living options to help maintain persons with mental retardation in the community or return them to the community. Meanwhile other private sector stakeholders are concerned for the preservation of institutions as well as additional institutional spaces for Winnipeg. The Provincial Government has recognized that the multiplicity of needs for the short and long term cannot be met by one single solution.

The three larger facilities, Manitoba School, St. Amant Centre, and Pelican Lake have represented the largest documented investment of manpower, buildings and funding. This has been greatly publicized and has made them highly visible. The publicity the institutions have received usually speaks little of the good services provided to society but rather emphasizes the problems of congregate care with isolated facilities. The institutions have been delivering some excellent services with the resources they have received and with the dedicated staff employed. We should not however, rely on the larger facilities as the only major residential resources of the province.

If the global objective is to assist those with mental retardation to achieve the maximum possible levels of independent functioning, then appropriate maintenance funding must be recognized as a developmental requirement and not simply a moral obligation to be fulfilled at minimal cost.

It has been demonstrated that when day programs, formal training, and educational activities take place outside the home, the experience is beneficial to both the client and the family.

The smaller the number of people sharing a residence appears to improve overall individual development. Some studies have shown that mental health and day to day functioning improves with appropriate personal space. Generally it is believed that the smaller family living situation engenders better learning opportunities and advances the individual at an accelerated rate.

With the appropriate supports that open opportunities and provide an environment to foster motivation for learning, many individuals with mental retardation are improving their mental, physical and emotional functioning significantly. The greatest opportunities and best stimulating environment are to be found in the community for most people. Acceptance in the community of individuals with heavier needs will require more time and demonstration that security can be ensured as successfully as it has been demonstrated in the institutions. An evolutionary approach will gain greater acceptance for stakeholders who are finding difficulty with present community options. It must be remembered that at all times the majority of people with mental retardation have always lived in the community and not apart from it. It has only been where supports did not exist sufficiently in the community that institutions came into being in the first place. The larger residential care facilities have traditionally cared for the individuals with heavier needs that the community could not manage. In the last decade the level of needs in these facilities has increased dramatically for individuals with severe and profound retardation, serious behaviour problems and physical and multiple handicaps. Staffing ratios have become a greater concern as the level of needs have intensified.

A variety of residential alternatives will be required to provide an appropriate balance of groupings according to assessed individual need. Appropriate staffing ratios must be ensured for the maximum development and security of residents as their needs dictate.

The challenge to the private and public sectors, and especially to the present stronger administrations of larger facilities, will be to accelerate residential options with a greater variety of community living closer to the education, health, and social resources of the respective communities.

After ninety years of congregate care for many mentally retarded individuals, it will be difficult to change the pattern but necessary to do so and to accept a new frame of reference and set of standards to meet the multiplicity of needs. In the future, the investment for residential care and income maintenance should be geared to respond to the changing needs of the people served. By dealing with residential care on a regional basis, there will be greater opportunity to sustain supportive family and guardian relationships. There will also be increased incentive to emphasing local and generic services while maximizing econony and efficiency through cooperative utilization of both government and private resources.

The flexibility in planning and delivering services will be greatly enhanced as regionalization progressively develops. The morale of the client, parent, advocate and service provider will also improve substantially. The private/public sector partnership will operate with greater effectiveness in a more complete regional system.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS GIVE MENTAL RETARDATION SERVICES THE MANDATE TO ACT AS A PROVINCIAL COORDINATOR FOR ASSESSMENT OF INDIVIDUALS WITH MENTAL RETARDATION.

1.1 THAT MENTAL RETARDATION SERVICES IN COOPERATION WITH OTHER PRIVATE AND PUBLIC SECTOR AGENCIES REVIEW THE AREA OF ASSESSMENT WITH THE OBJECTIVE OF IMPROVING INDIVIDUAL ASSESSMENT AND ENSURING ASSESSMENTS ARE BASED ON INDIVIDUAL NEEDS, TOTAL NEEDS, AND POTENTIAL.

1.2 THAT MENTAL RETARDATION SERVICES BE THE PRIME FACILITATOR FOR ASSESSMENT IN THE PROVINCE OF MANITOBA.

II. 2. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH AN INFORMATION AND PLANNING GROUP AS A SEPARATE DIVISION IN REHABILITATIVE SERVICES. This proposed group will make arrangements for the collection, storage, and dissemination of information as required by various stakeholders. The proposed Information and Planning Group will have three primary functions in providing services

Reference to Key Issue

to the private and public sectors as follows: Information Service, Planning Service, & Coordination of Public Education.

2.1 THAT THE PROPOSED INFORMATION AND PLANNING GROUP WORK WITH PRIVATE AND PUBLIC SECTOR AGENCIES TO ADVANCE STRATEGIC PLANS THAT WILL ADDRESS THE COMPLEXITY OF CURRENT AND FUTURE ACCOMMODATION REQUIREMENTS.

2.2 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT A MODERN DATA CENTRE BE ESTABLISHED AND BE ADEQUATELY RESOURCED TO HANDLE THE INFORMATION THAT WILL BE GATHERED, STORED, RETRIEVED AND DISSEMINATED BY THE PROPOSED INFORMATION AND PLANNING GROUP.

III. 3. THAT INCOME SECURITY AND OTHER FUNDING AGENCIES ENSURE ADEQUATE MAINTENANCE AND APPROPRIATE FUNDING ACCORDING TO A COMPREHENSIVE PLAN. THOROUGH ASSESSMENT WILL BE REQUIRED TO IDENTIFY ALL INDIVIDUAL NEEDS. Funding must be increased to include monies to ensure the full delivery of maintenance service and development of skills to provide access to services as required, with professional inputs, as would be experienced in the institution. The additional input, required in home based programs would be a separate budgeted item in the plan. The demands made on the service providers will be based on the individual plan rather than on their charitable nature. Families and others must receive greater support in order to keep children with special needs in the community.

IV. 4. THAT INCOME SECURITY AND OTHER CONTROL GROUPS CHANGE THE PRESENT METHOD OF FUNDING TO SERVICE PROVIDERS TO THE METHOD OF BUDGETED MONIES THROUGH THE INDIVIDUAL PLAN.

V. 5. THAT INCOME SECURITY AND OTHER FUNDING AGENCIES RECOGNIZE THE INDIVIDUAL PLAN AS ELIGIBILITY CRITERIA FOR INCOME MAINTENANCE. THAT THESE FUNDING AGENCIES ENSURE A DETAILED BREAKDOWN OF INCOME MAINTENANCE TO CLARIFY WHAT SERVICES THE PLAN COVERS FOR THE INDIVIDUAL IN THE COMMUNITY. The individual plan will have a budget so services can be purchased. This will allow for varying levels of individual development and provide the opportunity for some choice in purchasing services.

5.1 THAT MENTAL RETARDATION SERVICES MONITOR INDIVIDUAL PLANS TO ENSURE THAT SERVICE PROVIDERS HAVE RECOGNIZED TRANSPORTATION NEEDS, SPECIAL DEVICES AND PERSONAL ALLOWANCES AS VITAL COMPONENTS OF ALL INDIVIDUAL PLANS. As residential options are developed through the regionalization program, transportation needs will emerge as a more crucial component.

VI. 6. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE DIRECTION FOR ACCOMMODATION FOR THE FUTURE WITH A POLICY STATEMENT WHICH INCLUDES RESIDENTIAL NEEDS AND INCOME MAINTENANCE THAT WILL:

6.1 ENSURE THAT EACH REGION OF THE PROVINCE CARE FOR ITS PEOPLE WITH SPECIAL NEEDS TO THE GREATEST EXTENT POSSIBLE ALLOWING FOR CHOICE OF SERVICES.

Reference to Key Issue

6.2 ENSURE THAT SERVICES ARE PROVIDED IN A DEVELOPMENTAL MODEL IMPROVING THE QUALITY OF LIFE FOR ALL RESIDENTS WITH SPECIAL NEEDS.

6.3 SHOW PLANNED MOVEMENT TO SMALLER RESIDENTIAL UNITS.

VI. 7. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH A HUMAN DEVELOPMENT AUTHORITY, WITH MEMBERSHIP FROM THE PRIVATE AND PUBLIC SECTORS TO ACT AS A FORUM TO BRING ABOUT A MORE EFFECTIVE PARTNERSHIP IN DELIVERING SERVICES FOR CITIZENS OF MANITOBA WITH MENTAL RETARDATION.

7.1 THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY REVIEW THE BUDGETS ANNUALLY FOR SERVICES RELATING TO PEOPLE WITH SPECIAL NEEDS AS REFERRED TO IN THE STUDY. They will annually recommend budget and funding requirements to the Minister of Community Services and Corrections for programs and services.

VI. 8. THAT REGIONAL COMMITTEES HAVE A MANDATE TO ACT AS A LOCAL FORUM FOR REGIONAL PRIORITIES. They will receive administrative support through the regional offices. They will submit their regional concerns, including residential needs and income maintenance, to the proposed Information and Planning Group and the Human Development Authority.

VII. 9. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THE LEADERSHIP REQUIRED TO ADVANCE THE PROVISION OF APPROPRIATE RESIDENTIAL CARE OPTIONS IN SUFFICIENT QUANTITIES ON A REGIONAL BASIS THROUGHOUT THE PROVINCE. By the year 2002, all regions of the Province will be operating facilities to respond to the needs of citizens requiring residential services. The trend for the future will be for smaller, more individualized accommodation than is presently experienced. Accommodation must be more regional and locally based to foster community integration and the environment must be more personal to nurture individual development.

VII. 10. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE COORDINATION FOR REGIONAL HUMAN DEVELOPMENT PROGRAMS AND ADEQUATE RESOURCES TO RESPOND TO THE CHANGING NEEDS IN RESIDENTIAL CARE AND INCOME MAINTENANCE IN EACH REGION OF THE PROVINCE. NEEDS IN THE WINNIPEG REGION MUST BE CONSIDERED ON A PER CAPITA BASIS IN PROPER PERSPECTIVE TO THE OTHER REGIONS.

VII. 11. THAT EACH REGION OF THE PROVINCE ADVANCE REGIONAL HUMAN DEVELOPMENT PROGRAMS WITH APPROPRIATE STAFFING AND RESOURCING. That the Human Development Programs be supported by the following services:

a. emergency care

b. training and coordination for respite care

c. coordination and provision of assessment

d. inservice training of staff recruits

e. day programs/training for clients (to prepare clients for community living options)

f. regional administration and coordination of mental retardation services.

Reference to Key Issue

11.1 THAT THE RESPECTIVE MINISTRIES APPROPRIATELY MEET THEIR RESPONSIBILITIES IN DELIVERING GENERIC AND SPECIAL SERVICES TO CITIZENS WITH MENTAL RETARDATION.

11.2 THAT FUNDING ARRANGEMENTS BE MADE TO ACCESS MONEY FROM THE VARIOUS LEVELS OF GOVERNMENT, THE VARIOUS MINISTRIES, AND FROM THE PRIVATE SECTOR TO EXPEDITE DEVELOPMENT.

VII. 12. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ARRANGE TO PLACE THE MANITOBA SCHOOL UNDER A COMMUNITY BOARD FOR OVERALL ADMINISTRATION WITH A LONG TERM PLAN TO PHASE DOWN THE FACILITY WHILE IMPROVING STANDARDS FOR PRESENT RESIDENTS.

12.1 THAT RESOURCES BE PROVIDED TO UPGRADE THE FACILITIES TO INCREASE THE QUALITY OF LIFE FOR ALL INDIVIDUALS IN THE INSTITUTION. THE FEASIBILITY OF UTILIZING ARMED FORCES PERSONNEL AND PEOPLE FROM ADULT CORRECTIONAL FACILITIES SHOULD BE EXPLORED TO PROVIDE THE NECESSARY MANPOWER AND TO REDUCE LABOUR COSTS TO UPGRADE THE MANITOBA SCHOOL FACILITIES.

12.2 THAT THE AUXILIARY FOR THE MANITOBA SCHOOL CONTINUE AS A SUPPORT ORGANIZATION TO HELP EXPEDITE THE UPGRADING PROCESS.

12.3 THAT THE PROPOSED BOARD OF THE MANITOBA SCHOOL ENSURE ONGOING ASSESSMENT OF EACH RESIDENT FROM WHICH INDIVIDUAL PLANS CAN BE DEVELOPED.

12.4 THAT MENTAL RETARDATION SERVICES MONITOR ASSESSMENTS AND PLANS TO ASSURE OPPORTUNITIES FOR DEVELOPMENT OF THE MAXIMUM FUNCTIONAL POTENTIAL FOR THE RESIDENTS AND WORK IN CONJUNCTION WITH THE DISCHARGE COMMITTEE FOR IMPLEMENTATION PLANS THAT WILL PREPARE POTENTIAL RESIDENTS FOR COMMUNITY LIVING OPTIONS.

12.5 THAT THE PROPOSED BOARD ENSURE THAT THE PRESENT DOCTOR'S RESIDENCES ON THE GROUNDS OF THE MANITOBA SCHOOL BE UTILIZED FOR TRAINING AND COMPATIBILITY ASSESSMENT AND PROPER PREPARATION OF RESIDENTS FOR SUCCESSFUL COMMUNITY LIVING PROGRAMS.

12.6 THAT THE PROPOSED INFORMATION AND PLANNING GROUP IN CONJUNCTION WITH THE ADMINISTRATION OF THE MANITOBA SCHOOL AND AGENCIES FROM THE PRIVATE AND PUBLIC SECTORS PREPARE DETAILED PLANS TO COINCIDE WITH AN ACCELERATED REGIONALIZATION PROGRAM THROUGHOUT THE PROVINCE. The phase down program should be cautiously monitored yearly and fully evaluated every five years. When all regions of the province are operating the required Human Development Programs, Manitoba School will evolve as the predominant resource facility for the Central Region. It will increase their scope for community support and provide administrative and resource support to satellite residential care options. It will expand the role of day programs to support the community.

12.7 THAT THE PROPOSED BOARD OF THE MANITOBA SCHOOL IN COOPERATION WITH REHABILITATIVE SERVICES ARRANGE FOR DEMOLISHING OLDER BUILDINGS IN PLANNED STAGES WHEN THE CURRENT RESIDENTS ARE ADEQUATELY ACCOMMODATED IN VARIOUS RESIDENCES

Reference to Key Issue

THROUGHOUT THE PROVINCE. It would seem quite probable by the year 2002 that the remaining buildings could be: the cottages, the newer part of East Grove, and the recreational, administrative and research facilities.

VII. 13. THAT THE BOARD FOR THE PELICAN LAKE CENTRE AND REHABILITATIVE SERVICES ARRANGE FOR AS MANY RESIDENTS AS POSSIBLE TO BE RETURNED TO THEIR HOME COMMUNITY AND BE PROVIDED WITH APPROPRIATE RESIDENTIAL CARE AND DAY PROGRAMS.

13.1 THAT THE BOARD RESPONSIBLE FOR PELICAN LAKE, ARRANGE FOR RESIDENTIAL OPTIONS OFF CAMPUS, TO ASSIST REMAINING RESIDENTS IN ADAPTING TO COMMUNITY LIVING. This will allow Pelican Lake to further develop their day program facilities with all clients living off campus.

13.2 THAT PELICAN LAKE BE USED AS A RESOURCE FACILITY TO ASSIST IN THE REGIONALIZATION PROGRAM TO DEMONSTRATE THAT PRESENT INSTITUTIONAL FACILITIES CAN BE PROGRESSIVELY TRANSFORMED TO DAY FACILITIES FOR SUPPORT TO COMMUNITY BASED PROGRAMS.

13.3 THAT IMPLEMENTATION BEGIN IN 1986.

VII. 14. THAT THE ST. AMANT CENTRE CONTINUE AS A SPECIALIZED FACILITY FOR CHILDREN OF THE PROVINCE, AND NON-AMBULATORY ADOLESCENTS AND ADULTS FOR WINNIPEG. This to de done as a system balance as the province progressively advances programs on a regional basis.

14.1 THAT THE BOARD OF ST. AMANT BE ENCOURAGED TO CONTINUE AND EXPAND ITS PRESENT POLICY OF DEVELOPING COMMUNITY BASED RESIDENTIAL CARE OPTIONS.

14.2 THAT DEVELOPMENT OF COMMUNITY BASED PROGRAMS, SUPPORT TO CLIENTS IN THE COMMUNITY BY WAY OF DAY PROGRAMS, RESPITE CARE AND EMERGENCY CARE AT THE ST. AMANT CENTRE BE HELD AT HIGH PRIORITY.

14.3 THAT THE NUMBER OF RESIDENTS AT THE ST. AMANT CENTRE NOT INCREASE BEYOND THE PRESENT POPULATION OF 275.

14.4 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE ADMINISTRATION OF ST. AMANT WITH THE NECESSARY RESOURCE SUPPORT AND A SYSTEM SUPPORT OF ASSESSMENT TO APPROPRIATELY MEET SHORT AND LONG RANGE RESIDENTIAL AND DIRECT SERVICE REQUIREMENTS.

14.5 THAT ALL RESIDENTS OF ST. AMANT PROGRESSIVELY BE PROVIDED ASSESSMENT REVIEWS AND THAT RESIDENTS BE PRIORIZED FOR COMMUNITY RE-ENTRY. By the year 2002 it would seem quite probable that St. Amant will evolve as a resource facility for the Winnipeg Region and provide administrative and resource support to their residential care options. St. Amant will increase their role in providing day programs and community support.

14.6 THAT INDIVIDUAL PROPOSALS SUCH AS THE DEVELOPMENT OF ALTERNATE FACILITIES TO BE ATTACHED TO THE ST. AMANT CENTRE BE EVALUATED AND APPRAISED ON THE BASIS OF INDIVIDUAL ASSESSMENT AND ON ITS MERITS IN CONTRIBUTING TO ADVANCE PROVINCIAL

Reference to Key Issue

MISSIONS IN PROPER PERSPECTIVE TO THE PROVINCIAL ENVIRONMENT OF SOCIOLOGICAL ACCEPTANCE, TECHNICAL CAPABILITIES AND ECONOMIC AFFORDABILITY.

VII. 15. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE A TOP PRIORITY TO ASSIST FAMILIES IN KEEPING THEIR CHILDREN WITH SPECIAL NEEDS AT HOME. INCREASED FINANCIAL ASSISTANCE WILL ALSO BE REQUIRED TO OFFSET THE EXTRA COSTS FAMILIES EXPERIENCE.

VII. 16. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT RESOURCES ARE STRENGTHENED TO ALL FOSTER CARE AGENCIES. This will require increased public awareness and promotion, along with additional training supports and reviews to ensure that care and funding rates respond to specific needs.

VII. 17. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENCOURAGE THE DEVELOPMENT OF PRIVATE GROUP HOMES AND THE TRAINING OF THEIR OPERATORS TO ASSIST IN THE REGIONALIZATION PROGRAMS FOR THE PROVINCE.

VII. 18. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE GOVERNMENT COMMITMENT TO APARTMENT LIVING ARRANGEMENTS AS A SIGNIFICANT PART OF THE PROVINCIAL REGIONALIZATION PROGRAM. Where supervision is required, this must be adequately budgeted for as part of the plan.

VII. 19. THAT THE MINISTER OF HEALTH ENSURE THAT SENIOR CITIZENS WHO ARE MENTALLY RETARDED BE AFFORDED EQUAL ACCESS AND PRIORITY RATING AS ANY OTHER SENIOR CITIZEN OF THE PROVINCE.

VII. 20. THAT THE MINISTER OF HEALTH PROVIDE SUPPORTIVE LEADERSHIP TO SENIOR ADMINISTRATORS IN MENTAL HEALTH TO ACCOMMODATE AND TREAT INDIVIDUALS WITH MENTAL RETARDATION WHO HAVE BEEN DIAGNOSED AS BEING MENTALLY ILL. The present process of accommodating these individuals at the Manitoba School must be met in the future by more appropriate accommodation on a regional basis.

VII. 21. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE NECESSARY HUMAN AND FINANCIAL RESOURCES TO ACCOMMODATE AND TREAT PEOPLE WITH MENTAL RETARDATION WHO ARE IN CONFLICT WITH THE LAW. This will require specialized residential care arrangements to be provided progessively on a regional basis.

VII. 22. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ARRANGE FOR A COOPERATIVE TRANSITION OF ALL RESIDENTIAL SERVICES PRESENTLY OPERATED BY GOVERNMENT TO BE PLACED IN THE HANDS OF PRIVATE AGENCIES. The private sector will operate all residential facilities and they will be monitored by government. A more equitable fee for service basis will be required.

VIII. 23. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH REHABILITATIVE SERVICES, ESTABLISH A RESIDENTIAL OPTIONS AGENCY WITH THE MANDATE TO ENSURE A SATISFACTORY STANDARD OF

Reference to Key Issue

RESIDENTIAL CARE THROUGHOUT THE PROVINCE. This agency, as a branch of Rehabilitative Services will be instrumental in promoting and directing a one system structure of residential care controls. This agency should be resourced initially with 3 full time people, comprised of a Director, a clerk, and a standards officer.

a. THAT THIS PROPOSED AGENCY ESTABLISH STANDARDS AND GUIDELINES FOR ALL RESIDENTIAL CARE OPTIONS IN THE PROVINCE INCLUDING THE LARGE RESIDENTIAL CARE FACILITIES SUCH AS THE MANITOBA SCHOOL, ST. AMANT CENTRE, AND PELICAN LAKE.

b. THAT THE RESIDENTIAL OPTIONS AGENCY PROVIDE THE NECESSARY CONSULTING SERVICE TO STAKEHOLDERS WITH VESTED INTEREST REGARDING GUIDELINES AND STANDARDS.

c. THAT THE RESIDENTIAL OPTIONS AGENCY ESTABLISH THE METHOD OF PAYMENT AND MONITOR RATES FOR ALL RESIDENTIAL CARE FACILITIES IN THE PROVINCE OF MANITOBA FOR CITIZENS WITH MENTAL RETARDATION.

d. THAT THE RESIDENTIAL OPTIONS AGENCY PROCESS APPLICATIONS FOR LICENSING. Arrangements would be made through the Regional Director for preliminary work in each region.

e. THAT THE RESIDENTIAL OPTIONS AGENCY MONITOR ALL RESIDENTIAL CARE FACILITIES IN THE PROVINCE TO ENSURE A SATISFACTORY STANDARD OF RESIDENTIAL CARE EXISTS AND REPORT ANY GAPS OR OVERLAPS IN SERVICES TO THE INFORMATION AND PLANNING GROUP.

f. THAT THE RESIDENTIAL OPTIONS AGENCY DEVELOP AND MAINTAIN A REGISTRY OF RESIDENCES THAT ARE LICENSED TO ACCOMMODATE PERSONS WITH MENTAL RETARDATION IN MANITOBA.

g. THAT THE RESIDENTIAL OPTIONS AGENCY REVIEW AND REPORT ON EXISTING AND PROPOSED PROGRAMS AND REGISTER THIS INFORMATION WITH THE PROPOSED INFORMATION AND PLANNING GROUP.

IX. 24. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE DIRECTION IS GIVEN WITH A POLICY STATEMENT TO THE RESPONSBILE AUTHORITIES IN INSTITUTIONS FOR ADULTS, TO FURTHER PERSONALIZE THE PROVISION OF MAINTENANCE SERVICES. All measures must be taken to create a homelike atmosphere for all residents. Individual plans will ensure opportunities for residents to develop their functional potential to the maximum degree possible. Implementation plans will require programs and services to be conducted in as personalized and individualized a way as possible.

A.2 HEALTH

DEFINITION

Health refers to all services required and/or utilized from conception to death for which there is a perceived physiological need or basis.

INTRODUCTION

All people start out life as a medical concern and from time to time during their life may require additional services from some area of the medical profession. This is especially true for those with mental retardation because it is often the medical profession which provides initial detection or diagnosis and treats the physiological problems which often accompany the condition known as mental retardation.

There have been some advances made in the area of prevention through public education programs on pre-natal drinking, nutrition and proper medical care. Early detection has also improved through genetic counselling and pre-natal assessments carried out by specialists in the field.

Upon post-natal identification of a person with mental retardation, referrals to specialized services in the medical and social fields are becoming more frequent, followed by positive early intervention.

Despite the continuing efforts to improve awareness and services provided by the medical profession, many concerns were raised by the stakeholders.

KEY ISSUES

I. The health professions are suffering from the same attitudinal and priority problems as the rest of society and as a result there is an insufficient number of persons trained, or being trained, to deal with persons who are mentally retarded; nor have adequate resources been made available.

II. There is a lack of awareness in the health system about what resources are available in the extended system for persons with mental retardation.

III. There is a reluctance in the medical profession to prematurely diagnose and "label" mentally retarded children; yet some preventative and remedial services are not readily accessible without the label.

IV. The expectations held by some parents, guardians and service providers, tend to exceed current knowledge and technology of health practitioners.

V. In the final analysis, mental retardation is a social concern, yet there is no clear agreement when the responsibility for services should cease to come within the jurisdiction of health programs and should come within the jurisdiction of social programs.

VI. There is insufficient emphasis placed on prevention in the areas of public education; pre-natal assessment; post-natal tests, and research.

VII. The health services and resources of the Manitoba School are not as comprehensive as those in the community; while in theory total health services are equally available to all citizens of Manitoba, in practice, the mentally retarded people in the Manitoba School are not always afforded the same access.

DISCUSSION/CONCLUSIONS

The recent change in emphasis from institutionalization to community programming and the utilization of generic services has resulted in many community services being unprepared to meet today's demands. The medical profession is no exception.

Traditional community expectations of the health profession were a basic diagnosis and a recommendation for institutional care for many of the people with a greater degree of mental retardation. Because few individuals with any significant degree of impairment remained in the community for any considerable length of time, there was little demand for ongoing services from physicians in the community.

Along with the rapid rate of social and economic change, greater demands are also being placed on service providers. With respect to mental retardation the medical profession is expected to provide initial detection, in-depth assessment, maximum remedial medical action, necessary follow-up and appropriate, cooperative referrals to other community service agencies.

Due to little demand for comprehensive services in the past, medical training courses and practical experience requirements dealing with mental retardation have basically neglected the prevention, detection and assessment aspects and knowledge of the extended system.

The connotation attached to the term 'mental retardation', and mistrust of the extended service system have caused many in the medical profession to be reluctant to diagnose or label people as mentally retarded. Problems arise however, because some services have stringent qualification criterion requiring a diagnosis or label and consequently some individuals are not getting appropriate services.

The lack of awareness and training has led to concerns that there are very few practioners adequately prepared to deal with parents and with related professionals. There are occasions of incomplete diagnosis as well as a lack of referrals to the Child Development Clinic.

Although there is a growing familiarity with community resources, there are no guidelines or criterion as to when the primary responsibility for services should cease to be with health programs and come under the jurisdiction of social programs. This lack of clarification and agreement is resulting in confusion and delays in implementation of developmental programs.

Where medical services are provided within the institutional community, such as at the Manitoba School, the residents receive a level of health services that is below the community standard set for the rest of society despite the dedicated service of the staff.

Within the critical detection and life support service, the awareness of other services and the level of training must be increased to meet today's demands and the level of services provided to people in institutions must be raised to a level comparable to that in the community.

Without improvement in these areas, there will continue to be questionable diagnoses, incomplete assessment, unnecessary institutionalization, developmental programming delays and frustrated, angry parents, physicians and other service providers.

In the final analysis, people with mental retardation are not being given full opportunity to develop to their maximum potential.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE DEPARTMENT OF HEALTH AND THE COLLEGE OF PHYSICIANS AND SURGEONS RECOGNIZE THAT THE MEDICAL PROFESSION IS THE INITIAL AND PRIMARY DETECTION UNIT AND THEREFORE ENSURE THAT ADEQUATE TRAINING PROGRAMS ARE PROVIDED FOR STUDENTS AS WELL AS FOR EXISTING PROFESSIONALS.

1.1 THAT THE DEPARTMENT OF HEALTH, IN COOPERATION WITH THE VARIOUS MEDICAL SERVICE GROUPS IN THE COMMUNITY, ESTABLISH A CONSULTANT GROUP TO PROVIDE SUPPORT AND ADVICE TO INDIVIDUAL PRACTITIONERS OR GROUPS WITHIN THE MEDICAL COMMUNITY. The consulting would include the treatment and care of persons with special needs, the development of human resources and the need for additional services.

1.2 THAT THE MINISTER OF HEALTH ENSURE PROPER TRAINING PROGRAMS FOR RESOURCE PEOPLE IN THE HEALTH FIELD AND FOR ASSESSMENT, PREVENTATIVE OR REMEDIAL SERVICES AS REQUIRED.

II. 2. THAT THE TRAINING PROVIDED FOR STUDENTS AS WELL AS FOR EXISTING PROFESSIONALS IN THE MEDICAL FIELD INCLUDE INFORMATION ON OTHER SERVICES AND RESOURCES AVAILABLE IN THE COMMUNITY.

III. 3. THAT PREVENTATIVE AND REMEDIAL SERVICES REGARD A HEALTH CARE PLAN AS THE CRITERION FOR THEIR SERVICE RATHER THAN INSISTING ON A LABEL. That a Health Care Plan be part of the comprehensive plan for all persons whether the individual is a resident in the community or in an institution.

IV. 4. THAT THE PROPOSED INFORMATION AND PLANNING GROUP IN THE REHABILITATIVE SERVICE DIRECTORATE BE ASSIGNED THE RESPONSIBILITY OF COORDINATING A PUBLIC EDUCATION PROGRAM TO INFORM PARENTS, GUARDIANS AND SERVICE PROVIDERS OF THE CURRENT CAPABILITIES WITHIN THE HEALTH CARE SYSTEM.

V. 5. THAT THE GOVERNMENT OF MANITOBA EMPHASIZE THAT MENTAL RETARDATION IS A SOCIAL CONDITION, AND NOT PRIMARILY A HEALTH PROBLEM BY DESIGNATING THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS AS THE PRIMARY RESPONSIBILITY CENTRE IN GOVERNMENT FOR THE COORDINATION OF SERVICES.

VI. 6. THAT THE MINISTER OF HEALTH DIRECT A GREATER EMPHASIS ON PREVENTION AND REVIEW FUNDING AND RESOURCING REQUIREMENTS TO ENSURE THAT THE INCIDENCE OF MENTAL RETARDATION CONTINUES TO DECLINE.

VII. 7. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE MEDICAL FACILITIES AND RESOURCES AT THE MANITOBA SCHOOL BE APPROPRIATELY UPDATED.

7.1 THAT THE MINISTER OF HEALTH ENSURE THAT MEDICAL FACILITIES AND RESOURCES IN THE HOSPITAL AT PORTAGE LA PRAIRIE BE STRENGTHENED TO ACCOMMODATE RESIDENTS FROM THE MANITOBA SCHOOL WHERE THEIR NEEDS ARE NOT BEING MET BY THE SCHOOL'S INFIRMARY.

Reference to Key Issue

7.2 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS NOT PROCEED WITH THE DEVELOPMENT OF A NEW HOSPITAL WING AT THE MANITOBA SCHOOL.

A.3 EDUCATION

DEFINITION

Education is any activity designed to help people acquire skills for living and adaptation.

INTRODUCTION

For the majority of society, education is taken for granted. We seldom stop to think that most of our lives are spent in activities which, consciously or not, help us acquire living and adaptation skills. Although this should also be true for those with mental retardation, many individuals have not had full learning opportunities.

In the past, most people who were institutionalized or confined to their parental homes were basically considered helpless in terms of further development and were mainly provided with personal care type services.

As thinking evolved, people became more aware that regardless of how limited their abilities, virtually all people were capable of some further development. Institutions expanded programs to include behaviour modification techniques and educational programs, and generally increased the level of activities for the residents. Parents began taking their children into the community more and lobbied for the educational system to start providing services for their children.

Today, we have modifications taking place in formal legislation to support integration of handicapped individuals into regular schools. We see institutions attempting developmental education programs and planning varied living experiences. Early child development programs are beginning, specialized vocational programs are coming on stream, and group residences are establishing programs to teach living and adaptation skills.

Although there has been much progressive development in the area of education, stakeholders continue to have many concerns.

KEY ISSUES

I. There is insufficient formal, comprehensive, cooperative planning with respect to educational services provided in Manitoba for children with mental retardation.

II. In the area of pre-school programming, such as infant stimulation, the lack of common standards, individual concrete objectives and a single responsibility centre presents problems in planning for the continuing education of these children.

III. Due to a lack of clear categorical parameters there is jurisdictional confusion as to which department or agency will deliver what type of program during the period from infancy to school age, and again at the point of leaving the education system. This has resulted at times in gaps, excessive overlapping and duplication of services.

IV. Not knowing the alternatives that may become available to students who will not qualify for post-school vocational rehabilitation services makes it virtually impossible for educators to develop goal orientated training programs.

V. Many educators do not involve parents appropriately in the development and delivery of programs for students with mental retardation.

VI. Parents find the multi-level appeal system within the educational system; (teachers, principals, superintendents, school boards, government representatives, and elected officials, etc.,) to be frustrating and often intimidating.

VII. There is a lack of pre-school programs available in Manitoba for children with mental retardation, and some existing pre-school programs do not emphasize the educational component, only providing a babysitting type service.

VIII. There is a lack of specifically trained teachers, resources, and support services (e.g. speechtherapists, physiotherapists and psychologists) available for children with mental retardation.

IX. Mainstreaming has caused many regular classroom teachers, who lack experience in dealing with children with mental retardation, to express fears of being responsible for the safety and development of these children.

X. There is no universal, systematic screening process to ensure early detection of children with special needs that may develop after the child is within the school system.

XI. The educational program at the Manitoba School does not serve all the residents who could benefit from it.

XII. The current method of funding for special education creates staffing problems for smaller schools faced with the provision of low incidence/high cost services.

XIII. There is no consensus whether special education services in the school of one's choice is a fundamental right, a right only when economically feasible, or not a "right" at all.

DISCUSSION/CONCLUSION

Although most people accept education to mean services offered by the Department of Education through the School Divisions, the Task Force was led to the conclusion that this definition is too narrow with respect to individuals with mental retardation. Instead, concerned citizens have indicated that education refers to all activities designed to help people acquire skills for living and adaptation, regardless of age. This includes "normal" activities in the home and school, as well as specialized infant development, special education, residential training programs and institutional activities.

In this critical developmental area, the lack of comprehensive planning is resulting in confusion among parents, educators and other service providers as to who should deliver what programs. The developmental education process most often begins with physicians and Public Health Nurses through assessments, clinics and parenting classes. With formal educational services starting about age five, and continuing to a maximum of twenty-one, the jurisdictional boundaries between these two services do not overlap.

This is creating a gap in the service continuum resulting in a number of new programs developing with no single responsibility centre, adding to further fragmentation. Case transfer criteria is not clear, many users do not know who to contact and formal education services cannot plan appropriately without knowing what services have been offered and what the requirements will be for the services.

It was stated that parents are not appropriately involved in the development and delivery of programs for their children with mental retardation. Since the parents are the primary service providers at this early age, as well as later for many, they must be included as an integral part of any planning process and be supported to the extent necessary to assist them in carrying out the plan.

Many individuals indicated they found the appeal system in education rather intimidating, despite the fact that it is one of the more gradual systems in our society. Unless people feel the appeal process is accessible and produces results, the quality of planning, organization, direction and monitoring of programs will be regarded in a lesser light.

As day care is provided throughout the Province for families with normal children, it must be provided for parents with handicapped children as well, but with an additional emphasis on developmental programming. Funding is being increased for provision of day care, but allocation of these monies does not recognize the significant educational roles of the health system and early childhood services, as well as that of the Department of Education.

With the recent changes in the Schools Act, there is an implied intention of providing educational opportunities for children with mental retardation in regular schools. The provisions necessary to make this a reality, however have not as yet been completed. Modifications to physical facilities are necessary, retraining or additional training for existing staff has only partially been met and, to date, staff levels have not been sufficiently increased to accommodate these students with special needs. This lack of preparation has resulted in frustrated parents, as well as worried teachers and administrators of school divisions.

It was reported to the Task Force on numerous occasions that some children with special needs are not detected early enough. With respect to assessment of individuals with mental retardation, the education system must establish an on-going assessment program as a fail-safe mechanism which will ensure that no individuals have been missed along the way. It is equally important to have on-going assessments to safeguard the individual who may have been previously assessed incorrectly as educable or trainable mentally retarded; or for the situations where an individual may have further developed and can now benefit from some other program.

Educational opportunities for adults with mental retardation have not been without problems either. It is an established fact that individuals with mental retardation take considerably longer to learn, and although this need has been recognized to a degree with the age limit being 21 years in the school system, this time frame is not long enough in many cases. This situation is further complicated as established, developmental goals may not be reached within the allotted time. As a result, attempts at planning along the continuum become very difficult. Once again, there is an obvious need for more service development and coordination.

It was reported and is generally accepted that many more residents at the Manitoba School could benefit from an educational program. More complete assessments would determine the exact number that could benefit from a formal educational program and others that could benefit from training according to specific set objectives. Once this is determined, the resourcing requirement will be known.

Group homes providing educational services in the community are funded through a social program which has little flexibility for meeting individual needs. The variety of different service groupings and funding sources can work as a system only when there is positive communication, cooperative efforts and joint planning for individuals and services.

Some school divisions reported financial difficulties in reference to their smaller schools where special services are required for a small number of children with mental retardation. This difficulty was in relation to the present funding formula which results primarily in a lack of Special Education teachers. In addition, a number of parents and interest groups feel the latest change in legislation did not go far enough, suggesting that education services in the school of one's choice is a fundamental right. The Task Force acknowledges this would be the ideal but recognizes there are changing population patterns and some children, out of necessity are bussed to other schools.

Because education is a never ending process, it must be recognized that some of these support programs will be for a short term, others will be for a longer term and some may last a lifetime.

The step now is to recognize fully the sound investment that education plays in the life of a person who is mentally retarded. The challenge for the Province of Manitoba is to provide various developmental education programs that will ensure more opportunities for a better way of life for citizens who are mentally retarded. The return on investment can be better appreciated when educational opportunities enhance the quality of life, develop a person to a less dependent and less costly lifestyle, and increase the number of contributing members in the community.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE GOVERNMENT OF MANITOBA ASSIGN TO THE DEPARTMENT OF EDUCATION THE AUTHORITY AND FUNDS TO UNDERTAKE THE PLANNING AND ORGANIZATION OF ALL PRE-SCHOOL AND EARLY CHILDHOOD DEVELOPMENT ACTIVITIES INCLUDING THE INFANT STIMULATION PROGRAM. This would be done in cooperation with Mental Retardation Services, the proposed Information and Planning Group and community service groups.

II. 2. THAT THE DEPARTMENT OF EDUCATION ESTABLISH COMMON STANDARDS IN CONSULTATION WITH MENTAL RETARDATION SERVICES FOR DEVELOPMENTAL SCHOOL PROGRAMS.

III. 3. THAT THE GOVERNMENT OF MANITOBA GIVE A MANDATE TO THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS TO BE THE COORDINATING DEPARTMENT FOR PEOPLE WITH MENTAL RETARDATION TO ENSURE AN APPROPRIATE CONTINUUM WITH HEALTH, SOCIAL AND EDUCATION SERVICES. Educational programs must be planned and implemented in accordance with a long range plan for the individual.

IV. 4. a. THAT THE PROVINCIAL GOVERNMENT OF MANITOBA REQUIRE SERVICES FOR PERSONS WITH SPECIAL NEEDS TO BE PROVIDED ON THE BASIS OF A PLAN THAT ADDRESSES THE TOTAL NEEDS OF THE INDIVIDUAL.

b. THAT SPECIAL EDUCATION, IN CONSULTATION WITH MENTAL RETARDATION SERVICES AND THE PROPOSED INFORMATION AND PLANNING GROUP, ESTABLISH A FORUM FOR INFORMATION SHARING. This will ensure that the other services required by the student with special needs will be known by the service providers.

V. 5. THAT THE PROPOSED INFORMATION AND PLANNING GROUP ENSURE THAT PARENTS OR OTHER PERSONAL ADVOCATES ARE FORMALLY INVOLVED IN THE PLANNING AND DEVELOPMENTAL PROCESS.

VI. 6. THAT MENTAL RETARDATION SERVICES THROUGH ARRANGEMENTS FOR ASSESSMENT, INDIVIDUAL PLANNING AND SERVICE DELIVERY BECOME

Reference to Key Issue

MORE CLOSELY ALLIED TO INDIVIDUALS WITH SPECIAL NEEDS, AND PARENTS OR GUARDIANS.

6.1 THAT MENTAL RETARDATION WORKERS BECOME THE PRIME FACILITATOR FOR APPEAL WHEN REQUIRED.

6.2 THAT THE REGIONAL LIAISON COMMITTEES BE A FORUM FOR REGIONAL CONCERNS.

6.3 THAT THE HUMAN DEVELOPMENT AUTHORITY BE THE PROVINCIAL APPEAL.

VII. 7. THAT THE GOVERNMENT OF MANITOBA AND THE DEPARTMENT OF EDUCATION RECOGNIZE THAT PRE-SCHOOL PROGRAMS ARE A VITAL AREA OF HUMAN DEVELOPMENT AND THAT FUTURE FUNDING SHOULD SUPPORT AND BE CONTINGENT UPON THE EDUCATIONAL COMPONENT OF NEW OR EXISTING PROGRAMS.

VIII. 8. THAT THE DEPARTMENT OF EDUCATION ENSURE THAT SPECIFIC TRAINING IS PART OF THE CURRICULUM FOR ALL TEACHERS AND SUPPORT STAFF TO DEAL WITH STUDENTS WITH SPECIAL NEEDS.

8.1 THAT THE DEPARTMENT OF EDUCATION PROVIDE THE NECESSARY RESOURCES, DEVICES AND SPECIAL EQUIPMENT THAT SCHOOL DIVISIONS REQUIRE TO IMPLEMENT THE EARLIEST ASSISTANCE NECESSARY FOR STUDENTS WITH SPECIAL NEEDS.

8.2 THAT THE DEPARTMENT OF EDUCATION, MAKE AVAILABLE TO EDUCATIONAL SERVICE PROVIDERS, TRAINING INFORMATION THAT IS DESIGNED TO IMPROVE PLANNING SKILLS. The training package will include procedures and standards for planning.

IX. 9. THAT THE DEPARTMENT OF EDUCATION ORGANIZE ITS TRAINING PROGRAMS TO INCLUDE SUFFICIENT EXPERIENCE IN DEALING WITH CHILDREN WITH SPECIAL NEEDS SO THAT TEACHERS AND RESOURCE PEOPLE HAVE THE NECESSARY CONFIDENCE AND TRAINING TO HANDLE THEIR RESPONSIBILITY FOR THE SAFETY AND DEVELOPMENT OF THESE CHILDREN.

9.1 THAT TEACHERS ORGANIZE A BUDDY SYSTEM FOR CHILDREN WITH SPECIAL NEEDS WHILE THEY ARE IN SCHOOL. The volunteers for the buddy system should be appropriately acknowledged and recognized.

X. 10. THAT THE DEPARTMENT OF EDUCATION ESTABLISH STANDARDS THAT REQUIRE THE SCHOOLS TO ENSURE EARLY DETECTION OF CHILDREN WITH SPECIAL NEEDS.

10.1 THAT THE PROPOSED INFORMATION AND PLANNING GROUP INFORM THE SCHOOL SYSTEM OF CHILDREN AT RISK.

XI. 11. THAT THE EDUCATIONAL PROGRAMS AT THE MANITOBA SCHOOL AND AT OTHER INSTITUTIONS BE DEVELOPED UNDER THE GUIDANCE AND STANDARDS AS APPROVED BY THE DEPARTMENT OF EDUCATION.

Reference to Key Issue

11.1 THAT THE EDUCATION PROGRAMS AT THE MANITOBA SCHOOL BE EXPANDED TO SERVE THE RESIDENTS MORE APPROPRIATELY TO THEIR NEEDS.

XII. 12. THAT THE SCHOOL BOARDS AND THE DEPARTMENT OF EDUCATION DEVELOP A MORE EQUITABLE FUNDING ARRANGEMENT TO PROVIDE FOR SPECIAL RESOURCE STAFF AS REQUIRED.

XIII. 13. THAT THE PRINCIPLE OF SPECIAL EDUCATION SERVICES IN THE SCHOOL OF ONE'S CHOICE BE DEALT WITH ON AN INDIVIDUAL BASIS TO SEEK OUT THE BEST ALTERNATIVE FOR THE INDIVIDUAL, FOR THE PARENTS, AND FOR THE SCHOOL SYSTEM. Planning will ensure that consideration is given to all alternatives in each area, having regard to the individual's needs, wishes, rights and well being.

A.4 TRAINING

DEFINITION

Training is the ways and means by which individuals are provided the opportunity to acquire and develop work related attitudes and skills of a remunerative or non-remunerative nature.

INTRODUCTION

Training is an integral part of peoples lives. All of us, at one time or another, have received some level of training to enable us to perform as responsible adults and citizens. This activity called training is part of a vast spectrum of roles, irrespective of whether the work is paid or voluntary. As training is essential for 'normal' people in today's complex society, it is even more critical for those with mental retardation if we expect them to improve their work related attitudes and skills.

Traditionally there were few training opportunities for people with mental retardation. With the advent of 'workshops' sponsored by private community groups such as the Associations for the Mentally Retarded, it was discovered that people with mental retardation had much more potential than previously recognized. The expectations for the clients attending these workshops ranged from life skills type of training to production type activities.

When the Provincial Government, through Vocational Rehabilitation Services, took on additional responsibility for these facilities, they identified three types of workshops in an attempt to establish a continuum of services. Currently, the Occupational Activity Centres are to maximize the social, vocational, emotional and educational functioning of people who, at the time of admission, demonstrate minimal employment potential. The Evaluation and Training Centres are to provide an intensive, time limited vocational rehabilitation service for individuals whose physical or mental disabilities interfere with obtaining or maintaining employment. The Sheltered Businesses are to provide remunerative employment for an indefinite period for those people who are unable to cope with competitive employment.

Although there have been efforts to ensure that appropriate training opportunities are available for individuals with mental retardation, the stakeholders raised a number of concerns.

KEY ISSUES

I. There is confusion and disagreement around expectations of existing workshop facilities resulting in unclear objectives, policies, standards and funding requirements.

II. There is a lack of appreciation by many, in both government and the private sector, of the complexity of the needs that workshops are attempting to meet. This is resulting in inappropriate organization, delegation, and funding.

III. Inappropriate expectations and, at times, inappropriate intervention by advocacy groups, places pressure on service providers which in turn places undue pressure on individuals to over-achieve.

IV. Skills learned in one setting with specific training techniques do not necessarily carry over to different settings and, at times, there is no provision to re-establish the skills.

V. When individuals develop vocational skills faster than they acquire the necessary community living skills, the system is not sufficiently flexible to allow the service providers to design and implement support services necessary to compensate for the differences in levels of functioning.

VI. Workshop facilities do not make adequate provision for the individuality of people with mental retardation.

VII. There is a lack of formal, comprehensive, cooperative planning by groups operating workshops and between workshop's personnel and other service providers in business and industry.

DISCUSSION/CONCLUSIONS

Workshops are basically designed to offer services to three types of clients with mental retardation, but most workshop facilities in the Province find themselves with three or more types of clients under one roof. It is only in the two large urban centres, Brandon and Winnipeg, that there are separate facilities for different levels of client ability. In rural areas, there are not enough clients of any given level to support separate facilities, resulting in client groups whose needs range from adult day-care type activities through to sheltered employment.

Most rural facilities are classified as Occupational Activity Centres and have a variety of clients. Many of these people with mental retardation are not having their needs met because of low staff ratios. In addition, many high level clients, capable of production, are not progressing to competitive employment. This is happening because the low level of funding is forcing Occupational Activity Centres to become production orientated in attempts at remaining viable.

Inequities in funding, poor service delivery and inappropriate placements will continue to exist as long as there is inflexibility in funding and staffing ratios, which are not currently based on actual needs of the clients within the workshops.

In addition to problems encountered with funding and staff ratios, many of the workshops are trying to meet other demands placed on them by advocacy groups. When there is only one facility in a large geographic area, the workshops are pressured to take people they feel they are not equipped to handle. Also, the expectation of training the individual to reach a production level puts further demands on clients, many of whom are still having trouble mastering much less complex tasks.

The confusion, frustration and unnecessary pressure in and around the workshops will continue to exist if government and the private sectors do not fully appreciate individual needs, what services are offered, and the fact that people with mental retardation learn at a slower rate.

For those individuals who master certain skills within a controlled environment and move on to some form of competitive employment, there is no follow-up service to ensure that the skills are transferred to the new setting, nor is there provision to re-establish the skills. Similarly, when vocational skills are acquired more rapidly than social skills, support services are too rigid to adapt. This results at times in a perceived failure of the individual.

Unless there is comprehensive planning and service delivery with a view to an individual's total needs, much of the effort directed toward developing work skills and habits will be wasted energy. Employment is the ultimate goal, but in order to achieve this, a person must have housing and must be able to function in the community. A client must be trained in a marketable skill and there must be an opening in the market for that skill. When one of these components is missing there is danger of overall failure with the possibility of the individual returning to a closed setting.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE PROVINCIAL GOVERNMENT MAKE A RENEWED EFFORT TO PROVIDE THE LEADERSHIP AND OPPORTUNITIES FOR CLIENTS TO ACQUIRE AND DEVELOP WORK RELATED ATTITUDES AND SKILLS NECESSARY TO FUNCTION SUCCESSFULLY IN SOCIETY. Emphasis must be changed from keeping clients busy to determining what they can do best in their community thus reinforcing the independence of the individual.

II. 2. THAT THE PROVINCIAL GOVERNMENT MAKE PROVISION FOR A FUNDING FORMULA THAT WILL PROVIDE FOR THE STABILITY OF THE VARIOUS CENTRES.

II. 2.1 THAT THE PROVINCIAL GOVERNMENT PROVIDE INCENTIVES AND ENCOURAGEMENT THAT WILL BROADEN COMMUNITY INITIATIVES.

2.2 THAT VOCATIONAL SERVICES AND EMPLOYMENT SERVICES ORGANIZE THEIR ACTIVITIES, SERVICES AND COUNSELLING TO PROVIDE A CONTINUUM OF WORK ORIENTED TRAINING EXPERIENCES. These activities will range from segregated sheltered work preparation to integrated experiences. Emphasis must be directed to integrate more trainees into regular work environments of the community.

2.3 THAT VOCATIONAL REHABILITATIVE SERVICES, IN COOPERATION WITH ECONOMIC DEVELOPMENT AND TOURISM, UNDERTAKE TO ASSIST EMPLOYMENT SERVICE WORKERS AND EMPLOYERS TO DEVELOP THE EXPERTISE TO:

(i) ANALYSE JOBS AND ORGANIZE TASKS INTO JOB GROUPINGS THAT WILL MATCH THE ABILITIES OF THE POTENTIAL EMPLOYEE.

(ii) MODIFY OR DEVELOP EQUIPMENT AND DEVICES TO COMPENSATE FOR THE INDIVIDUAL'S LIMITATIONS.

(iii) PROVIDE ON THE JOB HELP IN ADAPTING TO NEW WORK SETTINGS OR IN ARRANGING FOR NEW SKILLS TO BE ACQUIRED WITH NEW JOBS.

2.4 THAT EMPLOYMENT SERVICES, THROUGH WORK ACTIVITIES PROGRAMS, ENDEAVOUR TO ACCOMMODATE TRAINEES ON MAINTENANCE AND SPECIAL PROJECTS THAT BENEFIT THE COMMUNITY.

2.5 THAT THE PROVINCIAL GOVERNMENT ARRANGE FOR FUNDS TO DEVELOP SPECIAL PROJECTS THAT RELATE TO THE DIRECT SERVICES OF HOUSING AND RECREATIONAL ACTIVITIES FOR THE CLIENTS.

2.6 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENDEAVOR TO ARRANGE FOR EMPLOYMENT SERVICES TO BE GIVEN FIRST OPPORTUNITY FOR PARTICULAR CONTRACTS, IN THE ABSENCE OF PRIVATE SECTOR INITIATIVES WHERE NEW DEVELOPMENT OR REFURBISHING IS REQUIRED FOR RESIDENTIAL ALTERNATIVES REQUIRED IN ALL REGIONS OF THE PROVINCE.

Reference to Key Issue

III. 3. THAT MENTAL RETARDATION SERVICES, THROUGH THE INDIVIDUAL PLAN, ENSURE THAT UNDUE STRESS IS NOT PLACED ON INDIVIDUALS AND THEIR FAMILIES.

3.1 THAT PRIVATE ORGANIZATIONS PROVIDE MORE TRAINING TO PERSONAL ADVOCATES TO FOSTER MORE RESPONSIBLE ADVOCACY.

3.2 THAT SERVICE WORKERS CLEARLY DETAIL TRAINING OBJECTIVES FOR CLIENTS AND ESTABLISH REVIEW DATES FOR MONITORING PROGRESS OF THE INDIVIDUAL, AND EFFECTIVENESS OF THE SERVICE PROVIDED.

3.3 THAT SERVICE WORKERS MONITOR THE STRESS THEIR CLIENTS ARE UNDERGOING.

IV. 4. THAT MENTAL RETARDATION SERVICES ENSURE THAT INDIVIDUAL PLANS PROVIDE FOR RE-ESTABLISHING SKILLS WHEN CLIENTS ARE MOVED THROUGH DIFFERENT SETTINGS, AND FUNDING BE ATTACHED TO THE PLAN TO PROVIDE FOR NECESSARY RESOURCES AND SUPPORT SERVICES.

V. 5. THAT VOCATIONAL SERVICES MONITOR INDIVIDUAL PLANS AND ENSURE THEY ARE PROPERLY UPDATED TO MEET THE VARYING NEEDS OF THE INDIVIDUAL.

VI. 6. THAT OPERATORS OF WORKSHOPS AND ACTIVITY CENTRES ENDEAVOR TO PROVIDE THE PROGRAM AND FACILITIES THAT WILL ACCOMMODATE THE INDIVIDUALITY OF CLIENTS WITH SPECIAL NEEDS.

6.1 THAT THE OPERATORS PROVIDE A YEARLY UPDATE OF ASSESSMENT INFORMATION TO MENTAL RETARDATION SERVICES AND TO THE PROPOSED INFORMATION AND PLANNING GROUP.

VII. 7. THAT THE PROPOSED INFORMATION AND PLANNING GROUP AND MENTAL RETARDATION SERVICES ASSIST VOCATIONAL SERVICES AND REHABILITATIVE SERVICES IN THE INTEGRATING OF VARIOUS PLANNING INFORMATION AND THE FORMATION OF STRATEGIC PLANS TO ENHANCE THE TRAINING CONTINUUM.

7.1 THAT THE PROVINCIAL GOVERNMENT DEPARTMENTS AND THE PRIVATE SECTOR RECOGNIZE AN INDIVIDUAL PLAN AS CRITERION FOR ADMITTANCE TO NECESSARY PROGRAMS OR SERVICES. This will ensure that workshops and activity centres are more flexible in their eligibility criteria to accommodate clients on goal oriented training programs.

A.5 EMPLOYMENT

DEFINITION

Employment is any situation where tasks are performed for reward — generally in cash or kind.

INTRODUCTION

Attitudes toward the work ethic are changing, but it is still generally held that every adult citizen will make some contribution to his or her own welfare, and therefore to the welfare of society through meaningful employment. Most of us enjoy some degree of choice in selecting a job, or the freedom to move from one type of employment to another as situations change. Many people who are mentally retarded do not have this choice on job selections, or the opportunity for job mobility.

For the majority of people, employment is a way of obtaining funds to purchase the goods and services we need and want. At times being employed and accomplishing a task is very satisfying in itself. In other situations the purchasing power which becomes available through rewards for work is the prime motivator. These factors are also fundamental for many people with mental retardation. It was amply demonstrated during the course of this study that being able to produce a product or service and being rewarded for the same is a vital factor in developing self-worth.

Our present economic system dictates economics of scale and automation, which presents a very complex and difficult problem for the employment of handicapped people. Even when equipped with the skills and desire, many people experience difficulty in finding productive and satisfying work.

For those people with mental retardation who have obtained employment, it is usually due to one of five basic reasons. They are listed as follows:

1. Through their skills and abilities to obtain a job.
2. Having an employer recognize that jobs can be modified.
3. By an employer seizing an opportunity to hire special status, low-paid workers.
4. By an employer who has a social and charitable conscience.
5. By temporary employment obtained through government sponsored programs.

While some of the stakeholders were satisfied that employment was obtained, irrespective of the reasons for employment, many other stakeholders considered this area of the study to be of major concern.

KEY ISSUES

I. Employment services in Manitoba are not designed to deal with people who are mentally retarded.

II. Some individuals are unable to maintain employment because they lack appropriate social skills, even though they have the vocational skills to perform the task. There is currently no provision for dealing with this situation.

III. There are inadequate social, technical and professional support services to help clients and employers overcome problems when change occurs inside or outside the workplace.

IV. The system is not designed to identify and fully utilize job opportunities for people with mental retardation, both within and outside the service system.

V. There are insufficient incentives for industry to design and organize tasks which can be done by people with mental retardation.

VI. Workshops are not preparing people for employment opportunities in Manitoba industry.

VII. Employment placements, unless made on the basis of ability, tend to limit the number of handicapped persons that any one employer will hire.

DISCUSSION/CONCLUSIONS

There is a growing number of people with mental retardation prepared and being prepared to enter the work force, but many opportunities for these people remain unchallenged. The Employment Services branch of Community Services and Corrections, and Canada Manpower are not equipped, nor required, to deal with people who are mentally retarded. By definition, these two agencies are the primary services which help people requiring employment assistance, however, they appear to place a very low priority on serving individuals who are mentally retarded.

Where efforts have been successful in obtaining employment for people with mental retardation, many are unable to maintain their jobs because of the lack of support services required. In many situations, an individual may have the skills necessary to perform the required tasks but lack acceptable work habits. Thus the individual's job is in jeopardy.

Unless employment planning takes into account all needs of the individual, gaps and failures are inevitable. These are people with special needs and they must be appropriately matched to tasks to be performed. Employers require help with adaptation of the environment and conditions in which employees with mental retardation are going to work. Controls must be established to ensure these individuals are treated fairly and not exploited in the workplace. When there is change in capability or in the job requirement support must be available to make any necessary adjustments, both for the client and for the employer.

There are many jobs which these people could accomplish, but without resources to seek out and utilize these opportunities, many people will continue to be blocked in their efforts to become more self-sufficient.

If industry does not receive assistance, it will continue to have a negative attitude toward the abilities of people with mental retardation. There must be more incentives for industry to design specialized equipment and organize tasks for employees who are mentally retarded.

The present process of attempting to train people in a specific task and then locating jobs they are suited to is ineffective. Rather, employment opportunities must be identified first, then the individual can be trained to meet the demand.

Workshop centres that have people working on plastic flowers and other handicrafts are not preparing them for employment outside the centre. This is contributing to a dead-end process and a waste of human resources.

It must be recognized that employers are in business to make a profit, and although some philanthropy can be expected, the average employer will have limits on how many people with mental retardation he can employ. The system must adopt the attitude that employment placements be made on the basis of ability of the individual to accomplish the tasks. The challenge is to design training programs to meet the demand and to create new opportunities.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE MINISTER OF LABOUR AND MANPOWER IN COOPERATION WITH THE MINISTER OF ECONOMIC DEVELOPMENT AND TOURISM, AND THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH PROVINCIAL INCENTIVES TO DEVELOP PROJECTS TO EMPLOY ADULTS WITH MENTAL RETARDATION. These projects should be of a long term nature to ensure continuing employment.

1.1 THAT THE MINISTER OF LABOUR AND MANPOWER, IN COOPERATION WITH THE FEDERAL MINISTER OF LABOUR AND MANPOWER, EXAMINE INTER-PROVINCIAL INCENTIVES TO PRODUCE INCREASED EMPLOYMENT FOR CITIZENS WITH MENTAL RETARDATION. The Winnipeg Core Area Redvelopment Program should be closely examined to determine what opportunities could be advanced.

1.2 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE EMPLOYMENT SERVICES BRANCH OF REHABILITATIVE SERVICES BECOME THE DESIGNATED AUTHORITY AND BE GIVEN ADEQUATE RESOURCES AND TRAINING TO UNDERTAKE EMPLOYMENT PLACEMENT OF PEOPLE WHO ARE MENTALLY HANDICAPPED. That generic employment services be utilized to the greatest extent possible.

II. 2. THAT MENTAL RETARDATION SERVICES ASSURE ON-GOING ASSESSMENTS AND ARRANGEMENTS FOR THE NECESSARY TRAINING AND SUPPORT. The Mental Retardation Service Worker will request an update to the individual plan from Vocational Services when changes occur inside or outside the workplace requiring special inputs.

III. 3. THAT EMPLOYMENT SERVICES THROUGH REHABILITATIVE SERVICES DIRECTORATE, IN COOPERATION WITH OTHER PROVINCIAL AND FEDERAL JURISDICTIONS AND DRAWING ON THE EXPERTISE OF THE PRIVATE SECTOR, DEVELOP JOB CREATION STRATEGIES TO FULLY UTILIZE OPPORTUNITIES FOR CITIZENS WITH SPECIAL NEEDS.

IV. 4. THAT VOCATIONAL REHABILITATIVE SERVICES AND EMPLOYMENT SERVICES ENSURE THAT FULL ADVANTAGE IS TAKEN OF FEDERALLY FUNDED PROGRAMS AND COST SHARED PROGRAMS WHICH PROVIDE INCENTIVES TO EMPLOYERS TO OFFSET:

a. THE COST OF TRAINING ON-THE-JOB.

b. WORKPLACE MODIFICATION COSTS.

c. COSTS INVOLVED IN DESIGN AND ACQUISITION OF SPECIAL AIDS OR EQUIPMENT.

V. 5. 5.1 THAT EMPLOYMENT SERVICES AND VOCATIONAL REHABILITATIVE SERVICES DEVISE INCENTIVE PROGRAMS FOR PRESENTATION TO VARIOUS EMPLOYMENT MINISTRIES AND INDUSTRY. The prime target will be employers who have a human resource development program or are in the process of establishing special training programs.

5.2 THAT EMPLOYMENT SERVICES DISTRIBUTE INCENTIVE PROGRAM INFORMATION TO PRIME POTENTIAL EMPLOYERS.

Reference to Key Issue

VI. & VII. 6. THAT THE REHABILITATIVE SERVICES BRANCH BE PROVIDED THE NECESSARY RESOURCES TO ENSURE THAT ADVANTAGE IS TAKEN OF EXISTING AND NEW TECHNOLOGY FOR THE BENEFIT OF CITIZENS WITH SPECIAL NEEDS. This will allow them to compete for employment where possible.

6.1 THAT VOCATIONAL REHABILITATIVE SERVICES ARRANGE FOR ANALYSIS OF WORK OPPORTUNITIES IN THE CIVIL SERVICE THAT COULD ACCOMMODATE EMPLOYEES WITH SPECIAL NEEDS.

6.2 THAT THE MANITOBA GOVERNMENT THROUGH VOCATIONAL REHABILITATIVE SERVICES ENCOURAGE AGENCIES AND COMPANIES THAT ARE RECEIVING GOVERNMENT FUNDING TO ANALYSE THEIR JOB FUNCTIONS. This information can be used to determine if tasks can be reorganized to match the abilities of employees with special needs. The enterprises could then be approached regarding hiring employees based on ability.

A.6 RECREATION AND LEISURE

DEFINITION

Recreation and Leisure refers to time and activities away from a work or day program setting, during which some activities may be used for training purposes and others for fun and relaxation.

INTRODUCTION

Recreation and leisure afford valuable contributions to a person's life and yet in many cases they are taken for granted. Recreation is beginning to be a major social concern in contemporary society, with shorter work weeks, growing numbers of unemployed, and the continuing influx of new workers into the labour force. Numerous profit and non-profit alternatives have been established by the private and public sectors for free-time activities. These range from golf courses to movie theatres to pinball arcades in the private sector, and parks, swimming pools, skating rinks and other structured activities provided by the public sector. We also have television which provides the largest 'free-time' activity available to the greatest number of citizens.

Programs for individuals with mental retardation have focussed on care, shelter, education and training, with leisure time being left to chance or to an individual's own initiative. Recreation has been provided if and when an individual could be found to take on the responsibilities involved.

Currently, the area of mental retardation is being examined from a more global perspective and this is highlighting the value, importance and necessity of recreation and leisure for people with mental retardation. Recreation is of value beyond fun and relaxation because it provides opportunities for creativity and experiences in role modelling. It is also important from the perspective of integration in that it allows the rest of society to learn that people with mental retardation are people first. It is a necessity because many people with mental retardation have physical complications as well, and recreation provides indirect physiotherapy vital to the individual's well being.

There is growing recognition that recreation and leisure activities are an integral part of the lives of people with mental retardation, but many people interviewed felt that this area was the most neglected aspect in the service continuum.

KEY ISSUES

I. There are insufficient human resources available to utilize existing opportunities for recreation and leisure, both in the institutions and in the community.

II. The provision of recreation and leisure activities for mentally retarded people is, in many instances, avoided due to the difficulty in meeting the variety of needs and/or interests of the individual.

III. The Manitoba School lacks appropriate and sufficient facilities for recreation, leisure activities, and visiting areas.

IV. In most instances there is no person or group responsible for the delivery of recreation and leisure programs for individuals with mental retardation.

V. When planning is not sufficiently comprehensive and does not cover the use of free time, the result tends to be too little or too much free time.

DISCUSSION/CONCLUSIONS

It is relatively simple for an organization or institution to justify a heavy staff ratio for health care, social skill development and vocational training, but this is not the case with recreation and leisure activities for people with mental retardation. There is a growing realization that recreation and leisure are perhaps more essential for the handicapped than for the rest of society; however, there are very few people involved. This is particularly frustrating for group home staff and institutional staff where the residents require on-going supervision. Individual interests are not always the same, and the staff simply cannot be in more than one place at a time. Parents and guardians also experience a problem for their children in this area. The lack of manpower and programming assistance is resulting in the majority of individuals with mental retardation missing a critical part of the developmental activities necessary for complete health and development.

The lack of emphasis in this area is also evident at the Manitoba School, which has limited physical facilities for recreation and leisure activities. Parents and other individuals are concerned about the lack of visiting areas with reasonable privacy or places to go with their children. This situation is in large measure contributing to the discontent expressed by parents. Many residents and families will continue to be very frustrated if there is no additional input to allow for more social interaction.

The provincial community generally has an abundance of physical facilities and activities available for leisure time and recreation purposes, but without a group or agency to plan, organize and carry out activities, the facilities cannot be used to their potential. There are agencies dealing with the general public, such as Fitness and Amateur Sport and community recreation departments, but none of these organizations has recognized a mandate to serve people with mental retardation.

The lack of planning for leisure time activities is presenting a problem in many of the group homes. In some situations, individuals are virtually programmed from the time they wake up until the time they sleep, not allowing for any free time. On the other hand, some staff consider evening after evening of watching television to be an appropriate leisure time social activity. These situations demonstrate the lack of comprehensive planning and supervision required in this area.

Additional emphasis on recreation and leisure activities will provide developmental gains for individuals in both a health and a social perspective. This will result in individuals experiencing enjoyment through creativity and decision making.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE DEPARTMENT OF FITNESS, RECREATION AND AMATEUR SPORT, IN COOPERATION WITH MENTAL RETARDATION SERVICES AND THE CANADIAN ASSOCIATION FOR THE MENTALLY RETARDED, UNDERTAKE A PROGRAM TO INVOLVE THE COMMUNITY IN PROVIDING THE HUMAN RESOURCES TO ASSIST PEOPLE WITH SPECIAL NEEDS IN THEIR RECREATION AND LEISURE ACTIVITIES.

1.1 THAT THE PROPOSED INFORMATION AND PLANNING GROUP, IN COOPERATION WITH PUBLIC AND PRIVATE ORGANIZATIONS, PREPARE AN INFORMATION AWARENESS CAMPAIGN FOR THE GENERAL PUBLIC TO CREATE A FULLER APPRECIATION OF THIS CRITICAL AREA OF HUMAN DEVELOPMENT, AND OF THE SHORTAGE OF PERSONAL ADVOCATES.

1.2 THAT THE MINISTER OF EDUCATION ENSURE THAT STUDENTS THROUGHOUT THE PROVINCE ARE ENCOURAGED AND ALLOWED

Reference to Key Issue

SCHEDULED SCHOOL TIME AS WELL AS GIVEN ACADEMIC CREDITS FOR VOLUNTEER ASSISTANCE. This will provide additional resource support to help clients in community and institutionally based programs.

1.3 THAT ALL RESOURCE PEOPLE, WHETHER PAID PERSONNEL OR VOLUNTEERS, IN SMALL OR LARGE SETTINGS, RECEIVE PROPER TRAINING TO HELP CLIENTS BENEFIT FROM RECREATION AND LEISURE.

II. 2. THAT MENTAL RETARDATION SERVICES MONITOR INDIVIDUAL PLANS TO ENSURE THAT RECREATION AND LEISURE ACTIVITIES ARE APPROPRIATELY INCLUDED AS AN INTEGRAL PART OF THE PLANNING FOR EACH INDIVIDUAL.

2.1 THAT THE INDIVIDUAL PLAN TAKE INTO CONSIDERATION FUNDS THAT MAY BE NECESSARY FOR TRANSPORTATION FOR RECREATION AND LEISURE ACTIVITIES.

III. 3. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE PLANNED RECREATION AND ACTIVITIES BUILDING FOR THE MANITOBA SCHOOL IS EVALUATED AND APPRAISED ON ITS MERITS IN CONTRIBUTING TO ADVANCE THE PROVINCIAL MISSIONS.

3.1 THAT EVALUATION OF THE LOCATION, SIZE, AND DESIGN OF THE FACILITY AND FUNDING ARRANGEMENTS BE CONSISTENT WITH THE LONG TERM PLANS FOR THE MANITOBA SCHOOL AND THE CITY OF PORTAGE LA PRAIRIE. This should be done in consultation with the planners of Portage la Prairie.

3.2 THAT THE PROPOSED BOARD OF THE MANITOBA SCHOOL APPROPRIATELY PROVIDE VISITING AREAS FOR EACH WARD.

3.3 THAT THE PORTAGE LA PRAIRIE SCHOOL DIVISION ENSURE THAT STUDENTS BE ALLOWED SCHEDULED SCHOOL TIME AND BE AFFORDED ACADEMIC CREDITS FOR VOLUNTEER ASSISTANCE WITH RESIDENTS AT THE MANITOBA SCHOOL.

IV. 4. THAT INDIVIDUAL PLANS INDICATE THAT THE MOST DIRECT SERVICE PROVIDER INVOLVED WITH THE INDIVIDUAL BE THE PRIME FACILITATOR IN THE PLANNING AND DELIVERY OF RECREATION AND LEISURE PROGRAMS.

V. 5. THAT SERVICE PROVIDERS REVIEW INDIVIDUAL PROGRAM PLANS TO DETERMINE IF RECREATIONAL NEEDS FOR TRAINING PURPOSES AND FOR UNSTRUCTURED TIME FOR RECREATION ARE IN APPROPRIATE BALANCE.

5.1 THAT THE MENTAL RETARDATION SERVICE WORKER MONITOR THE NEEDS OF INDIVIDUALS' RECREATION AND LEISURE ACTIVITIES.

VI. 6. THAT THE DEPARTMENT OF FITNESS, RECREATION AND AMATEUR SPORT PROVIDE INCENTIVES AND ASSISTANCE FOR ORGANIZATIONS TO DEVELOP RECREATIONAL ACTIVITIES SUCH AS CAMPS AND OTHER PROGRAMS THAT WOULD INCLUDE PEOPLE WITH SPECIAL NEEDS.

Reference to Key Issue

6.1 THAT THE DEPARTMENT OF FITNESS, RECREATION AND AMATEUR SPORT PROVIDE ASSISTANCE TO ADMINISTRATIONS OF PUBLIC RECREATIONAL FACILITIES TO ENCOURAGE THE USE OF THEIR FACILITIES BY PEOPLE WITH SPECIAL NEEDS.

6.2 THAT THE DEPARTMENT OF FITNESS, RECREATION AND AMATEUR SPORT PROVIDE ENCOURAGEMENT AND ASSISTANCE TO COMMUNITY RECREATIONAL ORGANIZATIONS TO ANALYSE AND RESTRUCTURE THEIR PROGRAMS IN ORDER TO ACCOMMODATE CITIZENS WITH SPECIAL NEEDS.

6.3 THAT THE DEPARTMENT OF FITNESS, RECREATION AND AMATEUR SPORT PROVIDE FURTHER INCENTIVES FOR THE SPECIAL OLYMPICS SO THAT MORE INDIVIDUALS MAY BENEFIT FROM THEIR PROGRAMS.

A.7 PERSONAL SUPPORT SERVICES

DEFINITION

Personal support services refers to any personal service which helps individuals identify their total needs and/or helps them utilize the existing service system to meet their needs.

INTRODUCTION

All people require the support of others to function in society. This is especially true in this field, as individuals with mental retardation and their families need a variety of support services to help meet their needs.

Some individuals and families require more input than others. In the past, where it was believed that individuals required more help than could be reasonably expected from the family and from the general public, it was found necessary to develop institutions to serve people with mental retardation. Three of these larger facilities have been built in Manitoba; the Manitoba School at Portage La Prairie, St. Amant Centre in Winnipeg and Pelican Lake at Ninette. They were funded by society to offer care when all else failed to be an answer in the community. They have been accepted by many parents as the answer to family concern for the long term care of their loved ones who are mentally retarded. These larger facilities have represented the most visible personal support services in the Province.

Gradually, mental retardation is being recognized as a social concern rather than a medical problem. Other helping professions have started to demonstrate that much more can be done with support services to reduce the dependency of people with mental retardation.

Recent concepts with respect to support services recognize the importance of a positive learning environment and the drawbacks of negative environments. With this in mind, the private sector has shown initiative in seeking the support of the general public for funds to accelerate community living options with personal support services. In the private sector a number of associations for the mentally retarded have been established.

Additional groups such as the Society for Crippled Children and Adults, Citizen Advocacy, Parent to Parent, and Action for the Dependent Handicapped are representative of groups that have been formed to assist with personal support service requirements.

The public sector has equally demonstrated initiative and program planning by establishing the following services over the years: Mental Retardation Services, Vocational Rehabilitation Services and the publicly funded Child Development Clinic. These services assist in personal support through the provision of screening, assessment, referral, placement and consultation services for individuals, parents and professionals. Direct services have included parental education, behavioural counselling, and home-base training programs.

Despite continuing efforts by many dedicated people to improve personal support services, many major issues still remain to be resolved.

KEY ISSUES

I. Society provides services to meet virtually every contingency from birth to death; however, the help many people with mental retardation require to obtain the services is often inaccessible or otherwise unavailable.

II. There are insufficient personal support services in the community for people with mental retardation.

III. The current service system does not give the same sense of security and support for people with mental retardation who choose to remain in or return to the community, as is given in institutions.

IV. There is no comprehensive, independent auditing, and there is insufficient monitoring in government and the private sector to ensure that personal support services are effective for people with mental retardation.

V. A significant number of persons with mental retardation end up in conflict with the law as a result of not having an appropriate level of support in decision making.

VI. There are people failing in the community because none of the programs providing direct services (maintenance, health, education, training, employment and recreation/leisure) to people with mental retardation have a clear mandate to ensure personal support services are provided.

VII. There is insufficient comprehensive planning to make it possible for service providers or funders to anticipate the extent of need for personal support services required by people with mental retardation.

DISCUSSION/CONCLUSIONS

Canadian society has always prided itself on taking care of those less fortunate in society. We welcome people who have left their native countries whether it be the result of natural disaster, war, or personal preference. We spend millions of dollars on foreign aid and local welfare programs. Citizens who choose to be irresponsible and get involved in criminal behaviour and liquor or drug abuse receive support and direction through legal aid, assessments, probation officers, rehabilitative programs, and supervised community living programs.

Most citizens who are mentally retarded desire to be part of society and try tremendously hard to please people, but have limited opportunities to learn to be responsible citizens. Traditionally, we have institutionalized a number of people who were believed to require supervision and security that the community was not offering. Some citizens with mental retardation have been placed in community residences with the expectation that they will utilize generic services. While this is an excellent idea in theory, many of these people do not have an adequate support service to help them gain access to necessary services. It is impossible to provide every individual in need with a one to one staff support and there is an extreme shortage of personal volunteer advocates. The general public must therefore be encouraged and motivated to volunteer more of their time to people who are mentally retarded. The attitude of society must change and services must become more receptive to the individual needs of these people. The act of advocacy is not simply to do everything for the person, but to do it with the person, and in the process cause the system to adapt itself.

The level of direct care and support staff provided in institutions contributes to a feeling of security. The existence of large complexes where the perception that all individual needs are met gives a much more stable impression than that of a smaller house with minimum staff. However, institutions, in most cases, have become a community unto themselves which further isolates people from the mainstream of society.

It was noted within the study that there is no comprehensive, independent auditing and there is insufficient monitoring of personal support services for individuals with mental retardation. This is a critical component of control to assist workers in providing the appropriate balance of personal support services. If this is in place, fewer individuals with mental retardation will fail in the community.

The significance of the lack of personal support is readily recognized when readmission to institutions occurs. These readmissions usually occur because of severe behaviour problems, lack of appropriate work habits, social problems while using public transportation, and conflicts with the law.

People with mental retardation have a number of service providers working on their behalf, such as parents, teachers and employers, but there is no one service with the mandate to provide personal support services. Without someone with the knowledge of services and the means to link the different activities into a comprehensive package, services will continue to be fragmented or duplicated, or missed altogether.

Funders, program planners and service providers must realize that all their efforts, time and money will be wasted unless individuals in the community are given the personal support they require to access and utilize what is offered.

The challenge to the private and public sectors is to educate the general public on the critical need for personal support volunteers and to develop more receptive attitudes among people in generic services.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT MENTAL RETARDATION SERVICES MONITOR INDIVIDUAL PLANS TO ENSURE THAT PERSONAL SUPPORT SERVICES ARE PROVIDED IN THE PLANS FOR PEOPLE WITH MENTAL RETARDATION.

1.1 THAT THE PROPOSED INFORMATION AND PLANNING GROUP IN COOPERATION WITH PRIVATE AND PUBLIC ORGANIZATIONS, DESIGN AN INFORMATION AWARENESS CAMPAIGN INTENDED TO PROVIDE MORE VOLUNTEERS TO ACT AS PERSONAL ADVOCATES.

II. 2. THAT MENTAL RETARDATION SERVICES BE ASSIGNED THE ROLE OF PERSONAL SUPPORT SERVICES WITH THE FOLLOWING OBJECTIVES:

a. TO FACILITATE THE CARRYING OUT OF ALL ASPECTS OF THE INDIVIDUAL'S PLAN. They will not be expected to provide direct service other than in assisting the individual and personal advocate to relate to the service providers identified in the plan.

b. TO ORGANIZE AND MONITOR ALL DIRECTLY RELATED SERVICES AND ESPECIALLY TO ENSURE THAT BASIC NEEDS INCLUDING TRANSPORTATION NEEDS ARE ADEQUATELY MET.

c. TO REPORT INADEQUACIES IN SERVICES TO THE REHABILITATIVE SERVICES DIRECTORATE AND TO THE PROPOSED INFORMATION AND PLANNING GROUP.

III. 3. THAT MENTAL RETARDATION SERVICES, UPON RECOGNIZING THAT THERE IS NO FAMILY OR OTHER OFFICIAL ADVOCATE, ARRANGE FOR A SUITABLE PERSONAL ADVOCATE WHO IS TRAINED TO HELP INDIVIDUALS IN DECISION MAKING. This could be done through community organizations such as Citizen Advocacy and the Canadian Association for the Mentally Retarded.

3.1 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE INCENTIVES TO ORGANIZATIONS SUCH AS CITIZEN'S ADVOCACY AND THE CANADIAN ASSOCIATION FOR THE MENTALLY RETARDED TO ENCOURAGE RECRUITING AND TRAINING OF MORE VOLUNTEERS TO ACT AS PERSONAL ADVOCATES.

3.2 THAT PERSONAL ADVOCACY GROUPS AND SERVICE WORKERS PROVIDE FOLLOW-UP SERVICES AS LONG AS REQUIRED ACCORDING TO INDIVIDUAL PLANS.

Reference to Key Issue

IV. 4. THAT PROCEDURES BE DEVELOPED TO ENSURE THAT ADVOCACY GROUPS ARE PROVIDED OPPORTUNITY TO BRING DISSATISFACTIONS WITH RESPECT TO ANY ASPECT OF THE SERVICE SYSTEM TO THE ATTENTION OF THE HUMAN DEVELOPMENT AUTHORITY IN A MANNER WHICH WILL ALLOW ISSUES TO BE DEALT WITH RESPONSIBLY AND EFFECTIVELY.

4.1 THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY ARRANGE FOR COMPREHENSIVE AUDITING AS REQUIRED AND FOR ANY INVESTIGATIVE OR MONITORING PROGRAMS ACCORDING TO THE DICTATES OF CONCERNS OR APPEALS LODGED WITH THE AUTHORITY.

V. 5. THAT THE PROPOSED INFORMATION AND PLANNING GROUP ARRANGE FOR DATA GATHERING CONCERNING PEOPLE WITH MENTAL RETARDATION IN CONFLICT WITH THE LAW OVER THE LAST THREE YEARS TO DETERMINE THE TYPE OF PERSONAL SUPPORT SERVICE OR INTERVENTION THAT COULD HAVE AVOIDED THEIR PROBLEM WITH THE LAW.

5.1 THAT MENTAL RETARDATION SERVICES PROVIDE CONSULTING AS REQUIRED TO THE ATTORNEY GENERAL'S DEPARTMENT FOR THE BENEFIT OF PEOPLE WITH MENTAL RETARDATION.

VI. 6. THAT THE DIRECTORATE OF REHABILITATIVE SERVICES FULLY SUPPORT THE ROLE OF MENTAL RETARDATION SERVICES AND THE OTHER BRANCH SERVICES AS REQUIRED, IN CARRYING OUT PERSONAL SUPPORT SERVICES.

VII. 7. THAT MENTAL RETARDATION SERVICES SURVEY PRIVATE AND PUBLIC AGENCIES TO DETERMINE THE OVERALL NEED FOR PERSONAL VOLUNTEER SERVICES FOR PEOPLE WITH MENTAL RETARDATION.

B. SYSTEM SUPPORT

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DEFINITION:

Assessment is any process, test or examination which provides information necessary for planning to meet the needs of an individual.

INTRODUCTION

Historically, the need for comprehensive assessment was regarded as of little value because of the negative attitude held by society of what could be done for individuals with mental retardation. Assessment was related predominantly to medical evaluations and diagnosis, with frequent recommendations for institutional placement.

The situation has been progressively changing, with some significant advances in the last ten years. More professionals, with various areas of expertise, have realized that much more can be done for individuals with mental retardation than was previously believed possible. This has resulted in more formal assessment. When Mental Retardation Services were structured in 1972, a governmental body was in place to arrange comprehensive assessments for those individuals especially in need of residential care in the community.

A general service plan is normally developed after a comprehensive assessment is completed on the social, psychological and medical needs of the individual. An Individual Program Plan follows the general service plan. This I.P.P., with short term and long term goals, is based on a composite of information collected from professional assessment scales, psychological evaluations, medical assessments, social and family background, maintenance requirements, vocational and educational status, recreation and personal supports.

Despite the recent improvements in this area of critical need, assessment has not been identified as a specialty which deserves top priority in its own right. Many people interviewed expressed concern with assessments and the lack of information available for planning.

KEY ISSUES

I. An appreciation of the importance of proper assessments is not evident in many areas of the system.

II. In many cases assessment of an individual's functioning and forecast of potential does not take into account past, present or future environmental influences.

III. Assessments tend to be program specific rather than a determination of the individual's total needs and potential.

IV. There is a lack of standardization with respect to testing techniques across the system which at times leads to different interpretation and conclusions.

V. Formal assessment does not recognize clients and parents transportation requirements.

VI. For people outside the Winnipeg area there is difficulty obtaining resources necessary for comprehensive assessments.

VII. There is a lack of formal ongoing assessments throughout many areas of the system.

VIII. There is a great deal of frustration and a sense of futility when a determination of total needs and potential is obtained only to find that many needs cannot be met due to program eligibility criteria and/or inadequate resources.

IX. Appropriate assessment information is often not readily available even to those requiring shared information.

X. Parents are not sufficiently involved in the formal assessment process.

DISCUSSIONS/CONCLUSIONS

Assessment is the key step in any developmental cycle of life. Assessment is not a once in a lifetime procedure, but whether done formally or informally, it is in fact an ongoing process. More detailed and comprehensive assessment specifying the needs of the individual and the level at which he or she is functioning will allow for more specific and appropriate program plans. Many people interviewed by the Task Force felt more appropriate program plans for individuals currently in the large residential care facilities could be better delivered in smaller settings in the community.

Others felt that if assessments were more comprehensive to allow for better program plans, then more individuals in both large and smaller facilities, would receive more appropriate services. Numerous incidents were cited to emphasize the effects of environment on the behavior of an individual.

Persons trained in sheltered environments, where some behavior may be overlooked, were suddenly unable to function adequately when subjected to socially demanding situations where such idiosyncrasies would not be tolerated.

It has been reported that inadequate assessment in critical areas:

1. have jeopardized an individual's development in other areas.
2. have unnecessarily disrupted programs and progress of other clients.
3. have unnecessarily excluded persons from programs which would have encouraged them to develop further.
4. have resulted in some unnecessary readmissions to more heavily structured environments with many opportunities being lost.

In many instances, what is referred to as assessment is in reality simply a determination of eligibility for services. The concern is not with the person's needs, but rather "Does the individual have the needs to fit into our program?".

An individual may be capable of functioning in a work setting, often performing quite complex tasks, but not be capable of social functioning outside the work setting. In other instances, the social functioning may be quite high but the functioning in a work setting poor. Inappropriate placements can and do occur as a result of incomplete and short-sighted assessments. When assessments do not take full account of what will be expected of the individual in all areas, then the educational, training and support services, regardless of how generous, will fall short of what is necessary. A person with mental retardation then fails to achieve his maximum functional level and resources are wasted. Unfortunately, these scarce resources are not all that is sacrificed as a result of poor assessment. Failure, for any reason, creates social and emotional stress for all involved: the client and the parent/advocate, as well as the service provider. Private and public programs must be prepared for the consequences which occur when they attempt to function without regard for the validity or the comprehensiveness of the information gathered in the assessment. This is the information on which they plan and must subsequently manage.

Assessment is a continuing process. New technology provides greater opportunities for all people. Therefore individuals with mental retardation must be assessed in relation to expanding opportunities. The whole process is basically one of assessment, planning, implementation and re-assessment. This is a birth to death process for many people with mental retardation. Unfortunately, most helping services are not designed to continue indefinitely; as people grow older, or bigger, or their functional abilities change for the better or worse, other programs or resource services must be found.

The difficulty experienced in obtaining resources necessary for comprehensive assessment outside the Winnipeg area is often attributable to the lack of comprehensive planning. Assessment, like any other service, must be planned. Unfortunately, the importance of comprehensive planning, of anticipating needs beyond one jurisdiction, is not always recognized.

There is currently no central authority to ensure that appropriate assessment is carried out and the information effectively communicated to those in a "need to know" position. There has been confusion regarding the rights and roles of parents and other personal advocates involved in the assessment process. The Task Force concludes that there is inadequate provision for the systematic collection, standardization, storage and communication of assessment data.

The key challenge to service providers and administrations is the need to observe, interpret and act upon an incredible amount of information. The rewards for the individual with mental retardation and for all stakeholders depends directly upon the action taken on an individuals assessment.

RECOMMENDATIONS

I & II.

1. THAT THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS GIVE THE MANDATE TO MENTAL RETARDATION SERVICES TO ACT AS A PROVINCIAL COORDINATOR FOR ASSESSMENT OF INDIVIDUALS WITH MENTAL RETARDATION. PERSONS RESPONSIBLE FOR CONDUCTING ASSESSMENT MUST BE KEPT FULLY AWARE OF THE NECESSITY OF TAKING INTO ACCOUNT PAST, PRESENT, OR FUTURE ENVIRONMENTAL INFLUENCES. FUTURE ENVIRONMENTAL INFLUENCES MUST BE ANTICIPATED TO THE BEST POSSIBLE DEGREE AND RE-ASSESSMENT ON AN ANNUAL BASIS WILL ACT AS A FAIL-SAFE MECHANISM.

2. THAT MENTAL RETARDATION SERVICES IN COOPERATION WITH AFFECTED AGENCIES REVIEW THE AREA OF ASSESSMENT WITH THE OBJECTIVE OF IMPROVING INDIVIDUAL ASSESSSMENT AND ENSURING ASSESSMENTS ARE BASED ON INDIVIDUAL NEEDS, TOTAL NEEDS AND POTENTIAL.
   - 2.1 THAT MENTAL RETARDATION SERVICES BE THE PRIME FACILITATOR FOR ASSESSMENT IN THE PROVINCE OF MANITOBA.
   - 2.2 THAT MENTAL RETARDATION SERVICES ARRANGE FOR THE STRUCTURING OF APPROPRIATE ASSESSMENT REVIEW TEAMS IN EACH REGION OF THE PROVINCE TO HANDLE REVIEW OF ASSESMENT.

Reference to Key Issue

2.3 THAT THE PROPOSED INFORMATION AND PLANNING GROUP MAKE ARRANGEMENTS FOR THE COLLECTION, STORAGE, AND DISSEMINATION OF INFORMATION AS REQUIRED BY VARIOUS STAKEHOLDERS FOR INDIVIDUAL PLANNING, PROGRAM PLANNING, RESOURCE ALLOCATION, POLICY FORMULATION AND RESEARCH.

2.4 THAT THE MINISTER OF COMMUNITY SERVICES & CORRECTIONS ENSURE THAT A MODERN DATA CENTRE BE ESTABLISHED AND BE ADEQUATELY RESOURCED TO HANDLE THE INFORMATION THAT WILL BE GATHERED, STORED, RETRIEVED AND DISSEMINATED BY THE PROPOSED INFORMATION AND PLANNING GROUP.

III. 3. THAT THE PROPOSED INFORMATION AND PLANNING GROUP MONITOR THE INFORMATION RECEIVED TO ENSURE THAT ASSESSMENTS AND INDIVIDUAL PLANS ARE ANNUALLY REGISTERED WITH THE DATA CENTRE.

3.1 THAT THE PROPOSED INFORMATION AND PLANNING GROUP IN COOPERATION WITH MENTAL RETARDATION SERVICES APPRAISE ASSESSMENT AND INDIVIDUAL PLANS TO DETERMINE THAT AN INDIVIDUAL'S TOTAL NEEDS HAVE BEEN ADDRESSED. This will assist in taking corrective action for any unmet needs.

IV. 4. THAT MENTAL RETARDATION SERVICES IN CO-OPERATION WITH THE OTHER BRANCHES OF REHABILITATIVE SERVICES ENDEAVOUR TO STANDARDIZE TESTING TOOLS AND TECHNIQUES ACROSS THE SYSTEM TO THE GREATEST POSSIBLE DEGREE AND ENSURE PROVINCIAL STANDARDS FOR ASSESSMENT.

V. 5. THAT MENTAL RETARDATION SERVICES ASSESS TRANSPORTATION NEEDS FOR CLIENTS AND PARENTS AND INCLUDE THOSE NEEDS IN THE PLAN.

VI. 6. THAT MENTAL RETARDATION SERVICES THROUGH REHABILITATIVE SERVICES, IN COOPERATION WITH REGIONAL DIRECTORS DEVISE WAYS AND MEANS OF PROVIDING COMPREHENSIVE ASSESSMENTS FOR PERSONS LIVING OUTSIDE THE WINNIPEG AREA.

VII. 7. THAT MENTAL RETARDATION SERVICES ENSURE THAT FORMAL ASSESSMENTS ARE CONDUCTED FOR ALL WHO REQUIRE ASSESSMENTS AND PLAN FOR THE ASSESSMENT TO BECOME AN ANNUAL PROCEDURE WITH ALL UPDATED INFORMATION GOING TO THE DATA CENTRE.

7.1 THAT THE DEPARTMENT OF HEALTH ESTABLISH A SYSTEMATIC ASSESSMENT OF ALL 2 YEAR OLDS IN THE PROVINCE AS WELL AS ASSESSMENT OF ALL CHILDREN MOVING INTO THE PROVINCE BETWEEN THE AGES OF 2-5 YEARS. ANY CHILDREN FOUND REQUIRING SPECIAL INPUT WILL BE REGISTERED WITH THE PROPOSED DATA CENTRE AND BE REFERRED TO THE APPROPRIATE AGENCY.

VIII. 8. THAT PRIVATE AND PUBLIC SECTOR ADMINISTRATIONS RECOGNIZE THE PLAN AS THE ELIGIBILITY CRITERIA FOR PROGRAMS AND SERVICES. Adequate resources must be put in place to have the plan succeed and the individual improve his functioning ability to the best possible degree.

Reference to Key Issue

8.1 THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY MAKE ARRANGEMENTS AS REQUIRED FOR APPRAISAL OF ASSESSMENTS WHEN APPEALS ARE LODGED WITH THE AUTHORITY OR WHEN THERE IS SUFFICIENT CAUSE TO WARRANT INDEPENDENT MONITORING.

IX. 9. THAT THE PROPOSED INFORMATION AND PLANNING GROUP AND THE DATA CENTRE ENSURE THAT INFORMATION IS SHARED WITH THOSE IN "NEED TO KNOW" POSITIONS, BOTH IN THE PUBLIC AND PRIVATE SECTOR.

X. 10. THAT MENTAL RETARDATION SERVICES ENSURE THAT PEOPLE CONDUCTING ASSESSMENT INVOLVE THE PARENT IN THE BEST INTEREST OF THE CLIENT.

B.2 LEGISLATION

DEFINITION:

Legislation refers to all acts including those in which people with mental retardation are not specifically identified for special consideration.

INTRODUCTION

In the Canadian provinces legislation is, by definition, designed by elected officials through input from the people and implemented for the good of all. It gives a common framework to ensure there is some basic equality for all individuals, irrespective of wealth, abilities or creed.

While the stated intent is of a positive nature, the interpretation and application of legislation has not always conformed to the intent. For instance many minority and social action groups demand appropriate recognition and action under legislation. For people with mental retardation, a similar situation exists.

The traditional thought that mental retardation was primarily a health problem led to mental retardation being included as a section of the Mental Health Act. Historically, the predominant method of dealing with people with mental and physical disabilities that the community could not handle, was institutionalization. Consequently that part of the Mental Health Act which refers to mental retardation is concerned with institutions, restriction of freedom, and administration of estates.

A significant number of people contacted during the study were very concerned about the 'disabling' nature of current legislation on mental retardation and the narrow and inflexible perspective of legislation in general when applied to persons with mental retardation.

KEY ISSUES

I. In many instances the interpretation of legislation to parents and other individuals, with respect to people with mental retardation, is inconsistent and ambiguous.

II. There is confusion around the intention and practical implications of Orders of Supervision, Varying Orders, and Guardianship.

III. There is no formal appeal mechanism in existence, other than the courts, for individuals or advocates with respect to concerns they have about how an individual is being dealt with under the provisions of the Mental Health Act.

IV. There are jurisdictional problems at the point of disposition when a person with mental retardation, already under an Order of Supervision, is in conflict with the law.

V. Dispositional decisions with respect to people with mental retardation in conflict with the law are often based on the availability or non-availability of resources, rather than on the needs of the individual.

VI. There is a lack of recognition that individuals with mental retardation in conflict with the law may require considerably more support to meet rehabilitative goals than a person considered normal.

VII. Most legislation does not take into account the fact that people with mental retardation do not generally progress at the same rate as others of the same chronological age:

a. this is most evident by the disruption of services which occurs when a person reaches his/her 18th birthday.

VIII. There is a great deal of concern that legislation dealing with people with mental retardation is in the same Act as legislation dealing with people with mental health problems.

IX. A number of people expressed concern that a specific statement of rights with respect to people with mental retardation is not contained within the Manitoba or Canadian Human Rights legislation.

DISCUSSIONS/CONCLUSIONS

Legislation is written by individuals, based on input from a number of sources, with a specific intent in mind. It is debated by elected officials and eventually proclaimed as the law of the land by those in power. Legislation in its final form is also rather general and subject to interpretation. There are therefore, regulations which are intended to guide its application. Service planners establish policies based on the interpretation and field staff attempt to deliver programs and services within those guidelines.

In many instances the original spirit and intent of a piece of legislation becomes obscured through this process of interpretation and at times one Act will conflict with another. There are practices and procedures which are unclear and often clients are told they do not qualify for a service. This results in people not getting the required service or not understanding the ramifications of what they are doing. Unless the process, the intent, the eligibility criteria and the ramifications of the policies, practices and procedures regarding legislation are understood, the public will continue to be denied services. Many will be caught in the bureaucratic maze.

While the Mental Health Act has a provision for, "The Minister's Board", it does not exist and from the wording of the Act, it appears it would be limited to institutional or clinical management reviews. In effect, individuals who have concerns or complaints about the interpretation and application of the Mental Health Act have no recourse of appeal except directly to the Ministry. The ambiguity and frustration will continue until a formal appeal mechanism is established and operational.

There is confusion in jurisdictional areas when an individual under an Order of Supervision, within the Mental Health Act, comes in conflict with the law and is placed on supervised probation through the Corrections Act. Problems in this area are further compounded because neither piece of legislation makes provision for the fact that many people with mental retardation require a longer rehabilitative period than people considered normal. The affected departments must make a concerted effort to alleviate the confusion.

Linkages between legislation, such as the Child Welfare Act and applicable adult legislation, must be established to prevent disruption in services, unnecessary changes in the client's living environment and inequities in service dollars. It must be recognized that individual needs do not always change with chronological age.

With legislation on mental retardation being included as a sub-section of the Mental Health Act, there is an immediate connection between psychiatric disorders and people who have incomplete mental development. This connection is hindering community integration, creating inaccurate social perspectives and causing problems for service providers. A clear distinction between these two areas must be developed to dispel erroneous assumptions and allow appropriate services to be established for each area.

As additional minority groups push for appropriate recognition within Human Rights legislation, the stakeholders concerned with mental retardation will also continue to lobby for specific recognition.

Many people in this group have historically been ignored from a community perspective. There is a growing social awareness of mental retardation, with the needs being portrayed with a high profile. It is crucial for the Province of Manitoba to alter legislation so that it keeps pace with changing societal needs.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE PROPOSED INFORMATION AND PLANNING GROUP MAKE ARRANGEMENTS FOR A DIGEST OF ALL LEGISLATION HAVING PARTICULAR RELEVANCE FOR PERSONS WITH MENTAL RETARDATION. APPROPRIATE INTERPRETATIONS SHOULD BE MADE AVAILABLE TO THE HUMAN DEVELOPMENT AUTHORITY.

II. 2. THAT A REVIEW BY MENTAL RETARDATION SERVICES OF CURRENT MENTAL HEALTH LEGISLATION, ALONG WITH CLARIFICATION ON ORDERS OF SUPERVISION, VARYING ORDERS, AND GUARDIANSHIP, BE FORWARDED TO THE HUMAN DEVELOPMENT AUTHORITY. THE HUMAN DEVELOPMENT AUTHORITY WILL CONSIDER AND DULY MAKE ANY NECESSARY RECOMMENDATIONS TO THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS SPECIFICALLY TO GUARDIANSHIP PROTECTION.

III. 3. THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY BECOME THE FORMAL APPEAL BODY FOR THE PROVINCE OF MANITOBA TO DEAL WITH CONCERNS OF INDIVIDUALS BEING DEALT WITH UNDER THE PROVISIONS OF THE MENTAL HEALTH ACT OR SUBSEQUENT LEGISLATION.

IV, V, VI, VII. 4. THAT THE COURTS BE MADE PRIVY TO THE RESOURCES OF THE CENTRAL DATA CENTRE AND LIAISON BE ESTABLISHED BETWEEN THE JUDICIARY AND REHABILITATIVE SERVICES. TO MINIMIZE DISRUPTION OF INDIVIDUAL PLANS, THE COURT MUST RECOGNIZE THE ORGANIZATIONAL AUTHORITY VESTED IN SERVICE PROVIDERS.

    4.1 THE PLAN FOR THE INDIVIDUAL WILL BE THE GUIDELINE FOR RESOURCING AND ELIGIBILITY CRITERIA FOR PROGRAMS.

VIII. 5. THAT THE HUMAN DEVELOPMENT AUTHORITY DEVELOP SEPARATE LEGISLATION ON MENTAL RETARDATION TO BE FORWARDED TO THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS AND REMOVE ALL ITEMS OF SPECIFIC REFERENCE TO MENTAL RETARDATION FROM THE MENTAL HEALTH ACT.

IX. 6. THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY WEIGH THE ADVANTAGES AND DISADVANTAGES FOR SPECIFIC STATEMENTS OF RIGHTS TO BE INCLUDED WITHIN MANITOBA OR CANADIAN HUMAN RIGHTS LEGISLATION. UPON REVIEW, THE HUMAN DEVELOPMENT AUTHORITY WILL MAKE RECOMMENDATIONS TO THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS.

B.3 PREVENTION

DEFINITION:

Prevention is any action or procedure designed to avert the condition of mental retardation, as opposed to those actions directed toward reducing its severity.

INTRODUCTION

The most effective means of dealing with any societal problem for the long term is to prevent the occurence in the first place. Once there are preventative programs, it is necessary to inform the public about the methods. This has been done in society in reference to tuberculosis, polio, diphtheria, measles, whooping cough, smallpox, and other widespread diseases. These diseases were ultimately controlled and brought to the brink of extinction by widespread immunization. Other areas of health over the years have had problems that are being dealt with on broad fronts such as cancer, heart disease, and muscular dystrophy, just to mention a few. The field of mental retardation has benefited in general from some of the advances in other areas of research. However, specific research into the causes of mental retardation is relatively new with many areas remaining to be explored. It has only been over the last twenty years through public education that the importance of prevention has been recognized.

Substandard intellectual ability is the result of the interaction of a variety of congenital, hereditary and environmental factors. The variety of interactions could approximate a few hundred causes of mental retardation.

Individuals requiring heavy resourcing, identified as moderately, severely and profoundly retarded, represent the smaller percentage of those with mental retardation, and often the cause is attributed to a defective chromosome or a virus, or in some cases, unknown congenital causes. Scientific and technological progress has made possible the detection and prevention of certain hereditary-linked types of retardation.

In the Province of Manitoba there has been some marked progress in the area of prevention. We are fortunate in Winnipeg especially, to have one of the more progressive advancing service systems in Canada for the control and prevention of mental retardation. There are modern laboratory facilities for the detection of genetic disorders, and genetic counselling for high-risk individuals. There is also a highly reputed Child Development Clinic, with a multi-disciplinary service that does assessment of a child's needs and will provide some remedial programs or refer to an appropriate agency. The Province provides an effective Public Health Nursing service and a vital community services team. In addition, there is a significant number of concerned individuals and active participants in the fight against mental retardation. Immunization against rubella, Rh testing, and nutrition programs have helped in lessening the occurence of mental retardation. The economic burden of avoidable retardation is great as well as the psychosocial toll on the individual and their families.

It is apparent from studies on mental retardation that the majority of preventable cases, both genetic and acquired are the result of high-risk pregnancies. Measures should be taken to encourage women to seek early prenatal care as well as to encourage doctors/nurses to ensure the appropriate action when a pregrnancy has been deemed to be at risk.

People who are partially or occasionally dependent with mental retardation are often classified as mildly retarded. These individuals make up the largest portion of the population profile and the causes for their retardation are often due to deprivation in the physical and psychological environment as a child.

There is a complexity of social factors that lead to environmental retardation. This has been bottom-lined with poverty, resulting in poor living conditions and inadequate individual health care. Poor parental training results in a lack of attention and poor training for children.

There have been some advances in combating these problems by various levels of government and private sector groups through housing, health, education and training programs. However, social change is a relatively slow process for eliminating poor environmental influences. A variety of other programs will be required to offer more specific and concrete methods that can be measured for their effectiveness in impacting on environmental causes of mental retardation. One effective move was the lowering of speed limits in Manitoba which will cut down on accident related causes of mental retardation. Other causes such as child abuse deserve a high priority for the future.

Through the measures of public education, regulations, and safety features, we attempt to teach one another responsible attitudes to prevent the unwanted consequences of mental retardation. There has been a significant change in the amount of time spent on public education. Programs on causes and treatment of mental retardation designed to develop more responsible attitudes among the general public are appearing more frequently.

Despite the improvements being made many of those interviewed expressed concerns about the type and intensity of programs dealing with the prevention of mental retardation.

KEY ISSUES

I. Insufficient emphasis is placed on the prevention of mental retardation in the areas of pre-natal assessments, post-natal assessments, and genetic counselling and research.

II. There is insufficient identification, education and monitoring of high-risk parents.

III. There is insufficient identification and monitoring of high-risk infants.

IV. The general public is not sufficiently knowledgeable with respect to the prevention of mental retardation.

V. There is insufficient education with respect to social responsibility and parenting being provided in schools.

VI. Prevention has not received priority: sufficient funds have not been appropriated; a responsibility centre has not been formally designated and no long term goals have been identified.

DISCUSSIONS/CONCLUSIONS

There are concerned professionals and groups attempting preventative education facing the odds of a complacent segment of society that lacks knowledge for responsible preventive intervention. However difficult this job may be, it nevertheless must bear great emphasis by the very people that can be the most effective; and that is the medical practitioner.

It appears that many individuals practicing in the health field have not been kept up-to-date with the latest improvements in the field of mental retardation. Consequently, there is a lack of emphasis on prevention and detection. Since most individuals only visit a doctor or public health centre from time to time, full advantage is not being taken of the enormous potential for preventative counselling. Because the general public cannot be expected to know which questions to ask or which tests should be performed, it is imperative that the medical community inform, encourage, and insist that high-risk parents receive whatever pre-natal care is necessary.

With recent technological advances there have been improvements of the pre-natal and perinatal services which have reduced the incidence of infant mortality and mental retardation among underweight babies. These infants are still at-risk as they are more susceptible to respiratory problems, infections and other conditions that can cause brain damage. Additional emphasis through education, facilities and resources is required to detect and monitor all high-risk infants.

The early years of life are the most important in the prevention and intervention of mental retardation. Because the majority of retardation is due to an interaction between heredity and environment before and after birth, it becomes crucial to improve the environment for the child and thus limit the hereditary influences.

Public education on the prevention of mental retardation must be continued and expanded if we wish to lower the incidence of mental retardation. Since there is a great deal of competition in the media for the eyes and ears of the public, additional emphasis is required in order to inform society about mental retardation. In addition, the increase in teenage pregnancies where there is a high risk factor for the infants, indicates a need for formal preventative education on mental retardation to be offered in the schools.

Mental retardation, when measured in human values, totals out to extremely high and painful costs borne by individuals, families and society at large. When measured in economic terms the costs for a person requiring lifelong support will be approximately one million dollars. A significant consideration to developing action programs of prevention and intervention, is that unlike other major afflictions such as heart disease or cancer, which generally appear late in one's life, we see the reverse, where mental retardation typically appears at birth, infancy, or early childhood. This long term disability dictates that prevention be given a high priority if we are to have greater hope for the future. A responsibility centre will have to be established so that a concerted effort of prevention can lift the barriers of general application and utilize research and our present knowledge base to decrease the numbers of mentally retarded born over the next twenty years.

Reference to Key Issue

RECOMMENDATIONS

I. - VI. 1. THAT THE MINISTER OF HEALTH DIRECT A GREATER EMPHASIS TO PREVENTION OF MENTAL RETARDATION.

1.1 THAT A FORMAL PROVINCIAL RESPONSIBILITY CENTRE BE ESTABLISHED FOR THE PREVENTION OF MENTAL RETARDATION.

1.2 THAT A REVIEW OF FUNDING AND RESOURCING REQUIREMENTS BE CONDUCTED TO ENSURE FULL SUPPORT IS PROVIDED TO THIS FIELD.

1.3 THAT SPECIFIC LONG TERM GOALS BE DEVELOPED TO SUBSTANTIALLY REDUCE THE INCIDENCE OF MENTAL RETARDATION OVER THE NEXT TWENTY YEARS.

1.4 THAT THE MENTAL RETARDATION PREVENTION CENTRE ENSURE THAT HIGH-RISK PARENTS ARE SYSTEMATICALLY IDENTIFIED AND ROUTINELY PROVIDED WITH THE PRENATAL CARE REQUIRED.

1.5 THAT INFANTS AT-RISK ARE IDENTIFIED AND MONITORED TO ENSURE THAT SERVICES ARE PROVIDED WITHOUT DELAY.

1.6 THAT THE MENTAL RETARDATION PREVENTION CENTRE ENSURE THAT THE MEDICAL COMMUNITY IN MANITOBA IS INFORMED OF THE LATEST DEVELOPMENTS WITH REGARD TO PREVENTION OF MENTAL RETARDATION.

Reference to Key Issue

1.7 THAT THE DEPARTMENT OF THE ATTORNEY GENERAL ENSURE A PREVENTATIVE SUPPORT PROGRAM ON MENTAL RETARDATION BY REQUIRING THE MANITOBA LIQUOR CONTORL COMMISSION TO DULY ADVISE OF THE DANGERS THAT ALCOHOL CAN HAVE ON THE UNBORN. The feasibility of increasing warnings to the public should be investigated.

1.8 THAT THE MINISTER OF HEALTH SUPPORT THE PROPOSED RESPONSIBILITY CENTRE FOR THE PREVENTION OF MENTAL RETARDATION BY PROVIDING THE NECESSARY RESOURCING TO ESTABLISH A MISSION WITH SPECIFIC LONG TERM GOALS OF SUBSTANTIALLY REDUCING THE INCIDENCE OF MENTAL RETARDATION BY THE YEAR 2002.

IV. 2. THAT THE MENTAL RETARDATION PREVENTION CENTRE, IN COOPERATION WITH MENTAL RETARDATION SERVICES AND THE PROPOSED INFORMATION AND PLANNING GROUP ENSURE THAT A PUBLIC EDUCATION PROGRAM ON THE PREVENTION OF MENTAL RETARDATION IS DESIGNED AND DELIVERED TO THE GENERAL PUBLIC.

V. 3. THAT THE DEPARTMENT OF EDUCATION REVIEW THE INFORMATION PROVIDED IN THE SCHOOLS ON SOCIAL RESPONSIBILITY AND EFFECTIVE PARENTING. THIS PROGRAM TO BE UPDATED AS REQUIRED TO KEEP PACE WITH EXPECTATIONS OF SOCIETY FOR DELIVERY TO STUDENTS AT APPROPRIATE LEVELS THROUGHOUT THE SCHOOL SYSTEM.

B.4 APPLIED RESEARCH

DEFINITION:

Applied research is the exploration and experimentation with new or different concepts and approaches, with specific objectives and time frames, designed to offset or meet the social and economic needs of those with mental retardation.

INTRODUCTION

Research, when defined as explorations with new or different methodologies is a basic part of everyday life. This is the experimenting and daily tinkering process that allows man to improve his products and services in the home or in large formal research laboratories for the benefit of mankind. In big business there are research sections or whole divisions of a company devoted to research.

Applied research, with respect to teaching and training methodologies has been part of the social sciences for a number of years, and the education system is in the process of developing a curriculum to meet the needs of those with mental retardation. In this Province, the University of Manitoba, in conjunction with the Manitoba School, Pelican Lake, and the St. Amant Centre, have international reputations for research into the use of behavior modification techniques to teach more acceptable behaviors to those with mental retardation.

Many of the most creative advances in science have come from unpredictable insights arising out of experience in basic investigations and clinical studies and often from unrelated fields. It is therefore essential to keep abreast of new developments in all scientific research and technological fields. The effective application of new advances depends on communication and dissemination of research information.

Significant concern was raised in this area despite the progress of the last twenty years.

KEY ISSUES

I. There is a lack of communication of reliable research information in a useable form to assist planners in helping individuals with mental retardation.

II. There is no one central Provincial data resource centre where research and planning information can be categorized and catalogued for general reference.

III. Operators of experimental projects do not always adhere to the determination point where administrations normally decide to stop the experimentation or adopt it as a program.

IV. There is a lack of control in research and experimentation being done with respect to the field of mental retardation, (ethics, priority, duplications, etc.).

V. There is no mechanism to ensure the practical application of new developments in other fields with respect to people with mental retardation.

DISCUSSION/CONCLUSIONS

While there may be a significant amount of both basic and applied research taking place in the world, unless it is available and communicated in a useable form, it is of little value except for those involved in conducting the experimentation. Most research which has followed acceptable scientific procedures is published in a variety of professional journals. The majority of these professional journals are located in the University's libraries, and without some knowledge on what and how to acquire this information, it is impossible to obtain it. The lack of a Provincial data clearing centre is resulting in some duplication of research. In addition, information which may be available on treatment or teaching techniques is going unnoticed and individuals interested in the current 'state of the art' are only getting a portion of the information available.

Funding of research projects is usually fixed in relation to a design or plan that the project is to follow. These proposals normally have a time limit at which point it is decided whether the experiment accomplished what it was designed to do or not. However, there are projects in Manitoba which have passed the established time frame but are continuing to receive funding as an experimental project. When projects which have demonstrated their usefulness are not formally adopted as legitimate programs, a very uncomfortable situation develops for the clients and service providers in that the project could be terminated at any time. Further, when projects fail to accomplish their objective and continue to be funded, sometimes with the hope that they will eventually succeed, there is the potential for inappropriate services being provided and waste of limited funds and resources.

Additional controls, formal documentation and ongoing monitoring of services, are required to ensure service providers do not conduct unauthorized experimentation. This issue is particularily important in the area of mental retardation because many people do not have the ability or means to object to the treatment they are receiving. This lack of a formal authority is very disturbing when one considers that there are ethics committees which approve or disallow research on animals.

Many of the new innovations in other fields have not been recognized and may not be applied in the area of mental retardation. With the evolution of solidstate electronics, many potentially dangerous situations for individuals with mental retardation could be eliminated, allowing people more functional freedom for experiential learning. One example is the use of miniature transmitters which would allow service providers to monitor an individual's location. Concerns were also raised about the lack of prosthetic devices which could be used by many people confined to institutions.

The need for a central authority in this area of research with respect to mental retardation is crucial. Without it some clients will continue to receive inappropriate service; money will be wasted, information on advances in the field of mental retardation will be missed and developments in other fields will not be utilized to assist in the personal development or care of individuals with mental retardation. There are immense possibilities and challenges for improving the quality of life by 'applied research'.

Reference to Key Issue

RECOMMENDATIONS

I. & II. 1. THAT THE PROPOSED INFORMATION AND PLANNING GROUP BE GIVEN FUNDING TO FACILITATE THE POOLING OF EXISTING INFORMATION AND THE GATHERING, STORAGE, RETRIEVAL AND DISSEMINATION OF ADDITIONAL INFORMATION PERTINENT TO THE DEVELOPMENT OF SERVICES FOR PERSONS WITH MENTAL RETARDATION IN MANITOBA.

1.1 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE NECESSARY RESOURCES FOR A CENTRAL PROVINCIAL DATA CENTRE TO BE DEVELOPED OVER THE NEXT FIVE YEARS.

1.2 THAT THE DATA CENTRE BE ACCESSIBLE WITH REGIONAL PRINT OUT CAPABILITIES WHEN THE SYSTEM HAS SUFFICIENTLY PROVED ITS EFFECTIVENESS IN WINNIPEG. THIS COULD BE A MEDIUM RANGE PLAN OF FIVE TO TEN YEARS.

Reference to Key Issue

III. & VI. 2. THAT ALL PROPOSED EXPERIMENTAL PROJECTS IN THE FIELD OF MENTAL RETARDATION BE SUBJECT TO THE APPROVAL OF THE HUMAN DEVELOPMENT AUTHORITY. A PLAN DETAILING THE ACTIONS TO BE TAKEN AND TIME FRAMES REQUIRED FOR COMPLETION OF THE PROJECT MUST BE SUBMITTED PRIOR TO FINAL APPROVAL.

V. 3. THAT THE PROVINCIAL GOVERNMENT, IN COOPERATION WITH PRIVATE SECTOR FUNDING GROUPS, STIMULATE THE INTEREST OF PEOPLE IN OTHER FIELDS TO HELP RESOLVE SPECIFIC PROBLEMS AS IDENTIFIED BY THE PLANNING AUTHORITY AND SERVICE PROVIDERS: ENGINEERING, ARCHITECTURE, COMMUNICATIONS, ELECTRONICS, HUMAN RESOURCE DEVELOPMENT, MEDICINE, ETC.

B.5 RESPITE CARE

DEFINITION:

Respite care refers to services designed to provide a break from the demands of continuous care required when providing for a family member with mental retardation.

INTRODUCTION

Traditionally, parents keeping children at home had only family support to provide some limited respite. It must be remembered that this is often a lifetime situation for some families. Family ties do not make one less vulnerable to the stress of continuous responsibility. Family members, like other care providers, require periodic breaks. In the larger institutions, staff are relieved in shifts. They also have relief when therapists, teachers, or other specialists take over, or during vacation.

In families where the functional behavior of all members is appropriate to the age level, there is generally adequate provision in the community for day and evening activities for all. Where there is a member of the family with mental retardation, these same services and facilities may be adapted to the individual's use. In other situations, the community may share the responsibility of caring for people with mental retardation by providing services and facilities. There are situations where the individual's degree of dependency on the family creates a stress level likely to cause breakdown. To relieve the pressure on families the government of Manitoba makes funds available for respite care for families that qualify. The program presently states that it provides respite care up to a time limit of two weeks per year.

The existing program, according to families caring for their children with mental retardation, falls short of what they see as adequate respite care.

KEY ISSUES

I. There is a lack of community support services essential to parents keeping their children in the community.

II. There is a lack of human resources to provide appropriate community based respite care needed to provide relief for the families of mentally retarded people.

III. Written eligibility criteria for this program does not make any allowances for single parent families, individual family coping abilities, or any remuneration for family members as service providers.

IV. There is insufficient provision for handling emergency respite situations in the community when a family is unable to cope.

V. There is a lack of respite places.

DISCUSSION/CONCLUSIONS

Some families have cared for an extremely demanding, severely retarded, multiply handicapped member of their family for years without a break. But very few families have a great tolerance for stress. For some, a week or a month without relief could prove intolerable. Certainly, a break of one or two weeks per year will not answer the needs of all families. There are also differences in family resources. In some instances, the extended family of aunts, uncles and cousins, as well as the immediate family may be counted on to provide some relief. The other extreme is the single parent family with no support base. There are however other direct service programs which offer a break for the family not identified specifically as respite care.

Regardless of who offers to pay, the fact is that the facilities, and particularly the human resources essential to the provision of adequate respite care, have not been developed in line with the shift from institutional to community care. Other than the major institutions, there are few care facilities capable of accommodating the more mobile, severely retarded, multiply handicapped individual.

Families which have put forth considerable effort and often sacrifice to keep mentally retarded members at home are uneasy with the prospect of relinquishing their responsibility to strangers, regardless of who pays the sitter. Single parent families face unique problems. Even where the person with mental retardation is able to participate in a school, workshop or other day care program, other arrangements may have to be made to cover the difference between the hours the care program operates and the hours the parent must work. Outside of work, the single parent, with no other family member to share the care and responsibility, is totally dependent on the community or strangers for a break. When adequate respite care is not assured, the single parent may be repeatedly faced with the choice of giving up work to provide the care, or becoming totally dependent on government, or ultimately institutionalizing the child.

The policy of not employing family members to provide respite care was frequently criticized by both users and service providers. The logic of the practice becomes questionable where the need has been established by the funding agency and the service is to be provided in any event. Sometimes the relative is the most qualified, most suitable person to provide the service. The alternative is to purchase a lesser service from untrained people.

The concern most frequently expressed by parents and other family members is that a situation will arise which will prevent them from continuing to care for the mentally retarded member of the family. In planning for people with mental retardation to remain in, or relocate to the community, an alternative or emergency care provision can be critical to the overall plan. At present there is insufficient provision for handling emergency respite situations in the community.

With the increasing numbers of families who are being encouraged to keep their mentally retarded members at home, it is to be expected that not only will more families be requesting respite care, but that the frequency of these requests will increase.

The challenge to the private and public sectors will be to provide increased respite facilities and trained respite workers in line with the trend for community based living.

Reference to Key Issue

RECOMMENDATIONS

I. 1. **THAT MENTAL RETARDATION SERVICES CONTINUE WITH THE PROGRAM OF RESPITE CARE AND THAT THE NEED FOR RESPITE CARE BE DETAILED IN PLANNING FOR THE INDIVIDUAL. THAT FUNDS BE PROVIDED AS PART OF THE BUDGET, TAKING INTO CONSIDERATION THE COPING ABILITY OF THE PARENT(S).** Respite care must bear a high priority in assisting parents to keep their children in the community. Varying levels of needs and coping abilities will determine individual respite care requirements. The plan will be comprehensive to allow for flexibility.

1.1 **THAT RESPITE CARE FUNDS BE PROVIDED THROUGH INCOME SECURITY IN THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS AND THAT PROGRAM CONTENT BE MONITORED BY MENTAL RETARDATION SERVICES.**

Reference to Key Issue

1.2 THAT THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE $200,000 TO INCOME SECURITY IN 1984 FOR RESPITE CARE PROGRAMS AND PROGRESSIVELY INCREASE THE FUNDING OVER A 5 YEAR PROGRAM WITH TOTAL FUNDS IN THE FIFTH YEAR OF THE PROGRAM TO BE $1,000,000 FOR RESPITE CARE PROVISION. This should be considered only as a significant goal with detailed feasibility and planning to provide for more precise handling.

II. 2. THAT MENTAL RETARDATION SERVICES, IN COOPERATION WITH ADVOCACY GROUPS ENDEAVOUR TO MOBILIZE MORE PERSONAL VOLUNTEERS AND MAKE ARRANGEMENTS FOR SUITABLE TRAINING.

2.1 THAT MENTAL RETARDATION SERVICES, IN COOPERATION WITH OTHER STAKEHOLDERS AND THE DEPARTMENT OF EDUCATION, DESIGN RESPITE CARE COURSES AND MAKE THEM AVAILABLE THROUGHOUT THE PROVINCE. The various areas of respite care will include home care, day care, summer/holiday relief, babysitting, and emergency care. These courses are intended to develop the human resources essential to providing adequate levels of respite care.

III. 3. THAT MENTAL RETARDATION SERVICES RE-EXAMINE THE PRESENT RESPITE CARE GUIDELINES AND RESOURCING AND MODIFY THE PROGRAM TO REFLECT THE PRIORITY FOR COMMUNITY RESPITE CARE NEEDS.

3.1 THAT SPECIAL ALLOWANCES FOR SINGLE PARENT FAMILIES BE ESTABLISHED BY INCOME SECURITY.

3.2 THAT A POLICY BE IMPLEMENTED TO ALLOW RELATIVES TO BE PAID FOR RESPITE CARE. The parent or guardian responsible for the administration of respite care to the individual with mental retardation should have the flexibility to utilize the planned respite care dollars at their discretion, i.e. not unlike the administration of Family Allowances.

3.3 THAT RESPITE CARE BE PROVIDED WHERE THE NEED AND VALUE HAVE BEEN ESTABLISHED BY THE INDIVIDUAL PLAN.

3.4 THAT MENTAL RETARDATION SERVICES MONITOR PLANS FOR THE ASSESSMENT OF RESPITE CARE PROVISION.

3.5 THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY ACT AS A PRIVATE/PUBLIC APPEAL BODY THAT WILL HEAR CONCERNS ON RESPITE CARE AND AS REQUIRED, WILL INVESTIGATE THE PARTICULAR CIRCUMSTANCES TO REMEDY THE SITUATION.

IV. V. 4. THAT EMERGENCY RESPITE CARE OR A "CONTINGENCY CARE PLAN" BE A REQUIREMENT IN THE PLAN FOR EACH INDIVIDUAL.

B.6 PUBLIC EDUCATION

DEFINITION:

Public education is any process by which the general population is made knowledgeable about mental retardation and of the attitudes and actions necessary to prevent or reduce the effects of the condition.

INTRODUCTION

Over the last twenty years there has been a marked advance in public education, with predominant contributions from the Associations for the Mentally Retarded, and more recently by other advocacy groups and the government department of Mental Retardation Services. Prior to that time, mental retardation was a closed subject unless you were directly involved through vested interest.

In the past medical practitioners often made recommendations to parents for the institutionalization of their mentally retarded children. The community had few facilities that would allow parents any degree of options. Many people still have this perception when you talk of care for individuals with mental retardation. Others have the image of clients making flowers in workshops. Other people, with some confusion say, "Well those are the same as the mentally ill". Then there are others who say, "I don't want them living in a group home next to me; they may harm my children and I don't want my property value to decrease", or "Why can't my child live in the community the same as everyone else?".

People tend to fear and avoid the unknown. To downplay or ridicule these fears is to risk losing public support. To attempt to legislate public attitudes or otherwise force acceptance of new concepts is likely to create resentment. The public has a right to know, a right to have questions answered, to be informed of alternatives. It also has a right to challenge administrative decisions since they are concerned citizens and tax payers, who pay the major portion of the bills. In fact, many also donate money to private sector programs.

Public education was described by many as the neglected key to preventing or dealing with the condition of mental retardation.

KEY ISSUES

I. People generally have very little concern about mental retardation unless they are affected directly.

II. There is a lack of awareness about what contributes to mental retardation or what minimizes the risk of having a child with mental retardation.

III. There is a general lack of information available on where to go for help in the first instance, with respect to problems with mental retardation.

IV. The confusion of systems and sub-systems makes it virtually impossible for anyone, without guidance and direction, to obtain all the services required, or to become aware of what is available.

V. The public is not always aware with whom they are dealing, the services offered, or who the worker represents, i.e. a private or public sector program.

VI. The majority of people still perceive mental retardation in a medical rather than a social context.

VII. Labels are acceptable when they denote action roles; however, in the field of mental rerardation, the labels refer to a condition and therefore are non-developmental. They tend to be derogatory and are disabling rather than enabling.

VIII. Service providers, such as Mental Retardation Services and the Association for the Mentally Retarded, find difficulty with titles that label their role in relation to a condition rather than to the service they provide.

IX. Due to the lack of consistent information available to the concerned public, there is confusion as to which needs and approaches are most appropriate.

X. There are instances where reports of negative or patronizing attitudes of a few service providers have had negative effects on public attitudes and behavior.

XI. There are situations where reports of negative behavior of a few people with mental retardation has had a negative effect on public attitudes and responses.

XII. There is a lack of appreciation of the importance of public education.

DISCUSSION/CONCLUSIONS

The old stereotype images of individuals with mental retardation have produced a number of perceptions that are still firmly held. These perceptions shape the attitudes for acceptance or rejection, for interest or apathy, for citizen responsibility or societal ambivalence.

There are many people in Manitoba who are not aware of the causes of mental retardation. They are equally unaware of what minimizes the risk of having a child with mental retardation. Too many people are of the mistaken impression that mental retardation is unpreventable. Many people do not know what questions to ask or what pre-natal, perinatal or post-natal tests they must have if there is concern. In addition, there is a lack of knowledge of who to contact in the private or public sector to elicit information to arrange for the appropriate intervention.

This situation is becoming even more confusing as there is a growing number of agencies and individuals offering help. Even the experienced workers in the field of mental retardation are often not fully informed on what is available. There is no course which describes the system or teaches people how to make it work for them.

At times the public is not aware with whom they are dealing, the services offered, or whether it is a private or public sector program. At times staff do not even attempt to clarify the situation that they represent government or the private sector in providing their service. Some of these staff in government sit on private boards with voting rights. This practice has been questioned by others.

One major misconception held by most people and unfortunately shared by many service providers is that mental retardation is primarily a medical problem. This is a natural conclusion in light of the numbers of medically oriented people and the nursing care model. The general population and particularly the many other service providers must be educated to the fact that mental retardation is primarily a social condition for which there is much that can be done.

There are many different organizations such as the Society for Crippled Children and Adults, Associations for the Mentally Retarded, and other advocacy groups and professionals in government departments such as Mental Retardation Services, Vocational Rehabilitation, Special Education, and others that contribute information. At times this information is inconsistent.

Organizations such as the Associations for the Mentally Retarded and resource workers such as Mental Retardation Services have found difficulties with their titles. The Associations have at times been avoided by parents for fear of their child being labelled. Other instances were brought to the attention of the Task Force where parents also avoided the regional Mental Retardation Service Worker for the same fear of labelling. Some parents claimed their children only required some support and training and not a stigmitizing label. These same parents have stated their children had already experienced enough negative reactions. Unless the labelling process can be dropped or at least be more appropriately linked to abilities, many services will continue to be perceived as non-developmental or be avoided until a crisis develops.

There are inherent difficulties with groupings and appropriate individualized programming due to the differential between physical size/chronological age and abilities. These problems have received more attention in recent years with the promotion of normalization. It is anticipated that with individual plans, better organizational practices, more public education, more community options, and support for a variety of training programs, there will be impact over time on these difficulties.

The different methodologies of care are creating confusion in the minds of the public who have difficulty understanding the complex subject of mental retardation. At one time the Association for the Mentally Retarded, Manitoba Division carried the image and function of the only corporate advocate in Manitoba. In the last few years this emphasis has changed with progressive steps of removal from direct service into a new direction emphasizing deinstitutionalization and community integration. There has been fracturing within the private sector with organizations springing up to look after their own interests for their peace of mind and security for their children. Mainly two organizations have taken a higher profile, the Auxiliary for the Manitoba School, and the St. Amant Society.

To the credit of the Canadian Association for the Mentally Retarded, Manitoba Division, and Mental Retardation Services, as well as many others in the private and public sectors more community living options have been established. Greater public and private support will be required to establish many more community resources. Public education is required to elicit everyone's support.

There have been some negative attitudes in both the private and public sector. This has been to the detriment of good public relations for the field of mental retardation. It has been creating a very negative atmosphere that could affect the recruitment of critically needed volunteers. It must be recognized by the service providers and advocates that there are some bad reports of negative behavior of people with mental retardation which creates ill effects on public attitudes and responses. They are the clients. Their behavior is easier to accept than that of service providers and advocates who are supposedly the role models. The public learns by observing and is particularly alert to the attitudes and behavior of those whom they identify as benefiting from public funds. There are no people more generous than the people of Manitoba, but even the most caring people will soon resent the tremendous energy that is being wasted in the system. Internal feuding and bickering is often evident among those groups, who should be acting in a far more responsible and cooperative manner.

With the trend for more community resources, there will be greater challenge for more intensive public education programs. The old images and stigmas of mental retardation will never be fully conquered unless a new image with new examples of positive gains offering new hope are spread to the whole system. To take advantage of the prevention or lessening of the effects of mental retardation, the public has to receive more information and it must be in layman's terms. Public education will be the key to create better public acceptance.

Reference to Key Issue	RECOMMENDATIONS
I.	1. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE INFORMATION AND PLANNING GROUP WITH THE MANDATE OF COORDINATION FOR PUBLIC EDUCATION ON MENTAL RETARDATION TO WORK WITH PRIVATE AND PUBLIC SECTOR GROUPS.
II.	2. THAT THE PROPOSED INFORMATION AND PLANNING GROUP, IN COOPERATION WITH MENTAL RETARDATION SERVICES AND THE MENTAL RETARDATION PREVENTION CENTRE, DESIGN A PUBLIC EDUCATION PROGRAM ON PREVENTION OF MENTAL RETARDATION AND ENSURE IT IS DELIVERED TO THE GENERAL PUBLIC.
III, IV, V, VI.	2.1 THAT A PROVINCIAL TOLL FREE TELEPHONE NUMBER OF THE DATA CENTRE BE ESTABLISHED TO PROVIDE INFORMATION TO THE PUBLIC AND TO DIRECT INDIVIDUALS TO APPROPRIATE SERVICE PROVIDERS.
	2.2 THAT THE PROPOSED INFORMATION AND PLANNING GROUP COORDINATE A PUBLIC EDUCATION PROGRAM TO ENSURE THE PUBLIC RECEIVES INFORMATION ON DIRECTIONS FOR THE FUTURE. THE GENERAL PUBLIC MUST BE MADE AWARE THAT MENTAL RETARDATION IS PREDOMINANTLY A SOCIAL PROBLEM AND THAT MUCH CAN BE DONE TO PREVENT ITS OCCURRENCE AND TO REDUCE ITS EFFECTS.
VII.	3. THAT ADMINISTRATIONS IN THE PRIVATE AND PUBLIC SECTOR ENDEAVOUR TO AVOID THE LABEL MENTAL RETARDATION AND THE STIGMA WHICH INEVITABLY IS ATTACHED TO THE INDIVIDUAL. ADMINISTRATIONS MUST DETERMINE COMPETENCY TO PERFORM PARTICULAR FUNCTIONS ON GROUNDS OF ACTUAL ABILITY RATHER THAN RELATING VAGUE AND ANTIQUATED PSYCHOLOGICAL CLASSIFICATIONS. ELIGIBILITY FOR PROGRAMS AND SERVICES IN THE FUTURE MUST BE DETERMINED BY A FLEXIBLE INDIVIDUAL PLAN.
VIII.	4. THAT THE ASSOCIATIONS FOR THE MENTALLY RETARDED ENDEAVOUR TO CHANGE THEIR CORPORATE IDENTITY VIA NAME CHANGE TO A MORE SUITABLE DESIGNATION WHICH WILL PROMOTE A POSITIVE IMAGE AND DEVELOPMENTAL MODEL.
	4.1 THAT MENTAL RETARDATION SERVICES ENDEAVOUR TO CHANGE THEIR NAME AND PROGESSIVELY SUSTAIN A PROVINCIAL IMAGE AND DEVELOPMENTAL ROLE MODEL.
IX.	5. THAT SPECIAL EMPHASIS BE GIVEN IN THE TRAINING OF SERVICE PROVIDERS AND ADVOCATES ON THE POSITIVE IMAGE REQUIRED FOR THE MENTAL RETARDATION SYSTEM.
X.	6. THAT SERVICE PROVIDERS ATTEMPT TO EFFECTIVELY SUPPORT CLIENTS WITH MENTAL RETARDATION AND STRIVE TO CORRECT BEHAVIOR SOCIETY DOES NOT TOLERATE.

Reference to Key Issue	
XI. XII.	7. THAT THE PROPOSED INFORMATION AND PLANNING GROUP, IN COOPERATION WITH THE PRIVATE AND PUBLIC SECTORS, HOLD PUBLIC EDUCATION AS A KEY TO IMPROVING THE QUALITY OF LIFE FOR CITIZENS WITH MENTAL RETARDATION.

B.7 HUMAN RESOURCES

DEFINITION:

Human resources refers to persons working with or on behalf of people with mental retardation, whether as paid service providers, as parents, or as volunteers.

INTRODUCTION

The needs of the citizens of Manitoba with mental retardation are complex. They have the basic needs we all have as human beings but their functional capacity dictates additional human resource requirements. These individuals require a longer time to learn than most individuals with other handicaps. For some this resourcing is required on a continuing basis for life, for others on a partial or occasional basis.

Human resource requirements in the past were closely related to medical disciplines. The medical profession was the primary contact, and people with mental retardation were believed to be primarily a medical problem. This perception has been progressively changing with the view that mental retardation is largely a sociological problem. As more of the helping professions have become involved in working with and for individuals with mental retardation, they have brought some new insights into alternate methods for provision of services. This has provided a nucleus of specialists and service providers to further resource the community. Personal support co-ordination for community resources has been undertaken by Mental Retardation Services. Prior to this, parents in the community could only rely on their area parent association. The Association for the Mentally Retarded has traditionally shared responsibility with the public sector in the provision of services to individuals with mental retardation.

In the last ten years, there has been some marked progress in maintaining individuals in the community while returning some to the community from the larger institutions. This has been made possible by the private and public sectors working together.

Common objectives have unfortunately not been reached to assure a more harmonious partnership and a sure direction for the future. Primary responsibility for the formal training of direct service providers has been left mainly to the institutions. However, the trend for maintaining people in the community is suggesting alternative training requirements are needed to develop more community based resource personnel for the provision of direct services.

KEY ISSUES

I. There is a lack of trained human resources in the community to provide the services necessary for individuals with mental retardation.

II. People are frequently recruited without tasks, responsibilities, or expectations being clearly delineated.

III. It is unclear as to who should provide training to community-based, private sector service providers, and how this training should be delivered.

IV. There are insufficient types of training available to community based service providers in the private sector.

V. In many instances the human resource funding in the private sector is inadequate to attract or retain the most appropriate staff.

VI. Frequently staff turnover in the community detracts from the sense of security and stability essential to the well being of the individual, the parent and the administration.

VII. There are unusually high stress levels among directorate positions in the Department of Community Services & Corrections causing serious health problems.

VIII. There is a lack of people trained to function as personal volunteer advocates in support of people with mental retardation.

IX. There is a lack of support and incentives to encourage the development of opportunities for employment of people with mental retardation in the mental retardation service system.

X. Generic service people who only occasionally work with mentally retarded people often experience difficulty in delivering their services to them, resulting in refusal of further service.

XI. Working conditions at the Manitoba School are not conducive to good staff morale.

XII. There are situations in the public and private sectors where staff find themselves in a conflict of interests.

XIII. Some service providers and parents are intimidated by other human resource people who give the impression that they have cornered the market on good ideas for dealing with people with mental retardation.

XIV. Some service providers and stakeholders have preconceived expectations for individuals with mental retardation which can limit the programs and services provided and deny the individual the opportunity of reaching their maximum potential.

DISCUSSION/CONCLUSIONS

It became apparent to the Task Force that the multiplicity of needs to be dealt with on a provincial basis, cannot be met by any one person, parent, volunteer advocate, professional service provider; nor by any one group or program, or single level of government. The study evidenced a lack of trained human resources in the community. This was noted especially for the following areas — planning, pre-school training, special education, day care programs, residential care, workshop centres; in the health field, the employment field, and in respite care. There are additional requirements for personal volunteer advocates to assist as community supports. The provision of comprehensive services in the community requires commitment from both the private and public sectors.

In many situations private sector organizations or public departments have recruited personnel without tasks, responsibilities or expectations being clearly delineated. The learning process has often been the old rule of trial and error. This situation has created concerns by parents for the well being of their children.

The initiative for training for community based private sector personnel has been somewhat limited to seminars and a few workshops conducted by the Association for the Mentally Retarded. Consultation has been provided by some government departments such as Mental Retardation Services and Vocational Rehabilitation Services. However, formal training programs of short and long term duration are long overdue for the community.

In many instances the private sector has sold itself short by undertaking services without adequate compensation that would allow them to attract and retain appropriate staff. This situation, coupled with inadequate training and no apparent career path is leading to frequent staff turnover which is projecting a picture of instability in the community. This symbolizes a lack of security that is essential to the well being of the individual, and concerns the parents and various private administrations.

While government is seen and expected to provide the stability that is required for programs and services it has been recognized that there is inordinately high stress levels at the directorate levels of the Department of Community Services & Corrections. It is hoped that through improved communication as a result of the recommended changes suggested by the Task Force on Mental Retardation that these unusually high stress levels will become more in line with other typical management positions.

There are many volunteers capable of acquiring the skills and knowledge necessary to help persons with mental retardation to function in the community. Those people who expressed interest in working with mentally retarded people invariably indicated interest in more formal and advanced training. The impression received was that unless training was provided in the same setting and in a similar manner as it is for other technical or professional personnel, then the individual is not likely to achieve a status that will be recognized by the other service providers. This would limit a volunteer's perceived effectiveness.

Over the years, both inside and outside the institutions, there have been many people with mental retardation who demonstrated the qualities and abilities to perform many of the tasks essential to the care and support of others. It would therefore seem reasonable to expect that, given appropriate resources, the primary service providers could organize essential service tasks to create jobs within the field of mental retardation services for persons with mental retardation. These individuals would be seen by others as permanent paid staff members who are important and valuable in helping their own peer group. This would be a positive step forward for the overall image of the helping professions.

The most forgotten resource is the closest person to the individual — the parent. In many cases the parent is the one who is most effective, with proper training and support, to assist his children in decision making, and role modeling. Often it is the parent who provides the best tender loving care. Parents have also demonstrated, when employed in the field of mental retardation, that they can be of immeasurable help to others faced with the heavy pressures of mental retardation.

Various professionals and non-professionals in the generic services have been experiencing difficulty in delivering their respective services to individuals with mental retardation. Many have chosen to refuse further services. This has been brought on due to an element of fear, through inadequate preparation for dealing with individuals with mental retardation. If a personal advocate or service worker were properly trained to link the services or act as a liaison, the perceived difficulties would soon dissipate.

Some negative conditions at the Manitoba School have caused concern for the morale of the staff as well as for the residents and their families.

1. There is a lack of recreational and leisure time programs.
2. There is a run down, drab appearance to the older buildings.
3. There is a general hospital-like atmosphere to the Manitoba School.
4. There is overcrowding in certain areas.
5. There is some concern of insufficient staff to resident ratios.

In the past, this facility has been one of the main training grounds for improving the working capabilities of manpower in the mental retardation field. Maintaining adequate working conditions has evidently been a low priority for many years. This situation affects staff, clients, parents and the whole system. It must never be forgotten that the best resource in any organization is its people. When staff are let down, the daily negative reinforcements cannot be sufficiently combatted by other motivational forces to allow them to help the residents effectively.

When programs are operating at full capacity and there is a growing need for the service they are providing, if not given the appropriate support, they are forced to find alternate solutions. Agencies being denied funding and support then tend to duplicate and expand their service base through affiliates which duplicates administrative expenditures. This practice results in the establishment of new organizations quite often funded from the same source that initially disallowed additional funding to the initial service agency. Greater efficiencies, fewer frictions with less duplication of administrative costs would be experienced, for example, in the private sector for the area of residential care if the larger based facilities, Manitoba School, Pelican Lake, and St. Amant would operate a full range of residential options off campus. This would also help promote greater reciprical support between institutional services and services in the community.

Service providers attempting to link resources through participation with various action groups or service groups have at times found themselves in a conflict of interest. These situations arise frequently where civil servants acting on boards of private agencies come in conflict with the policies and priorities of their employer. There are other instances where they may have to act in conflict with the objectives of the other private board members. This situation is not limited to civil servants, as there are such situations in the private sector where administrators carry more than one agency role and they too may be caught in a conflict of interest. This becomes more of a concern where funding is involved.

It was often reported and demonstrated to the Task Force that there are some service providers and parents intimidated by other resource people and advocates who give the impression that they have the only answer for dealing with people with mental retardation. There is little doubt that parents and advocates must be prepared to question the decisions made by service providers and guard against being intimidated. For the benefit of individuals with mental retardation, parents, advocates and service providers must conduct themselves in a responsible manner of advocacy and service, recognizing that the multiplicity of needs cannot be met by a single solution.

The challenge for the private and public sector is to come to a consensus for a sure direction for the future, develop a better partnership, provide collective commitment, and initiate formal training for community-based personnel.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE PROPOSED INFORMATION AND PLANNING GROUP, IN COOPERATION WITH DIRECT SERVICE ADMINISTRATIONS, ASSESS FUTURE PAID AND VOLUNTEER RESOURCE REQUIREMENTS TO PROVIDE THE NECESSARY PLANNING INFORMATION REQUIRED BY THE SYSTEM IN THE YEARS AHEAD.

1.1 THAT THE PROPOSED INFORMATION AND PLANNING GROUP WORK WITH THE DEPARTMENT OF EDUCATION SO THAT AN AWARENESS OF THE HUMAN RESOURCE REQUIREMENTS AND OPPORTUNITIES CAN BE SHARED WITH THE RESPECTIVE TRAINING CENTRES AND THE STUDENTS IN THE SYSTEM.

II. 2. THAT THE REHABILITATIVE SERVICES DIRECTORATE, WITH ITS BRANCH SERVICES, ASSIST COMMUNITY ORGANIZATIONS WITH ADMINISTRATIVE SUPPORT SERVICES AND WITH PLANNING AS REQUIRED.

Reference to Key Issue

III. 3. THAT TRAINING COURSES FOR GROUP HOME OPERATORS AND OTHER COMMUNITY SERVICE PROVIDERS BE DEVELOPED AT THE COMMUNITY COLLEGE LEVEL. THESE COURSES WILL BE MADE AVAILABLE THROUGHOUT THE PROVINCE TO PRIVATE AND PUBLIC SECTOR PEOPLE.

IV. 4. THAT THE REHABILITATIVE SERVICES DIRECTORATE WITH ITS BRANCH SERVICES, IN COOPERATION WITH DIRECT SYSTEM SERVICES, REVIEW PRESENT TRAINING PROGRAMS IN THEIR AREA, AND MODIFY AND/OR DESIGN RESPECTIVE PROGRAMS AS REQUIRED.

V. 5. THAT PRIVATE SECTOR COMMUNITY GROUPS ASSESS THEIR PAY SCALES IN RELATION TO THE TRAINING OF THEIR SERVICE PROVIDERS AND FUNCTIONS PERFORMED AND RE-ADJUST ACCORDINGLY.

5.1 THAT COMMUNITY BASED PRIVATE SECTOR ADMINISTRATIONS ASSESS THEIR REMUNERATION FOR SERVICES PROVIDED AND ADJUST ACCORDINGLY.

VI. 6. THAT PRIVATE SECTOR ADMINISTRATIONS AND GOVERNMENT DEPARTMENTS COME TO TERMS REGARDING TRAINING PROGRAMS AND PROPER REMUNERATION. CAREER PATH DEVELOPMENT IS ESSENTIAL FOR COMMUNITY BASED SERVICE PROVIDERS. When this is achieved, staff turnover in the community should decrease. The community staffing situation should be monitored as an important contribution to control unstable situations.

VII. 7. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENCOURAGE STAFF AND MANAGEMENT DEVELOPMENT PROGRAMS FOR ALL LEVELS OF STAFF.

VIII. 8. THAT REHABILITATIVE SERVICES, THROUGH ITS BRANCH SERVICE OF MENTAL RETARDATION SERVICES, PROVIDE THE INITIATIVES AND SUPPORT TO PRIVATE SECTOR GROUPS SUCH AS THE ASSOCIATION FOR THE MENTALLY RETARDED TO RALLY THE COMMUNITY FOR MORE PERSONAL VOLUNTEER ADVOCATES. THE PERSONAL VOLUNTEER ADVOCATES MUST RECEIVE SUFFICIENT TRAINING VIA SEMINARS AND WORKSHOPS SO THAT THEY ARE EQUIPPED TO ASSIST PEOPLE WITH MENTAL RETARDATION.

IX. 9. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE INCENTIVES AND ENCOURAGEMENT TO PRIVATE AND PUBLIC SECTOR ADMINISTRATIONS TO ASSIST THEM IN DEVELOPING OPPORTUNITIES FOR EMPLOYING PEOPLE WITH MENTAL RETARDATION IN THE MENTAL RETARDATION SERVICE SYSTEM.

9.1 THAT PRIVATE AND PUBLIC SECTOR ADMINISTRATIONS OFFER ENCOURAGEMENT AND SUPPORT TO PARENTS PURSUING CAREERS IN THE MENTAL RETARDATION SERVICE SYSTEM.

Reference to Key Issue

X. 10. THAT THE PROPOSED INFORMATION AND PLANNING GROUP, IN COOPERATION WITH MENTAL RETARDATION SERVICES AND PRIVATE ORGANIZATIONS PROVIDE PUBLIC EDUCATION MATERIAL TO GENERIC SERVICES TO ACQUAINT THEM WITH THE NEEDS OF INDIVIDUALS WITH MENTAL RETARDATION.

10.1 THAT PERSONAL ADVOCATES AND/OR SERVICE WORKERS ACCOMPANY THE CLIENT ON INITIAL AND SUBSEQUENT VISITS TO GENERIC SERVICE PROVIDERS UNTIL A COMFORTABLE RAPPORT IS ESTABLISHED.

IX. 11. THAT THE PROPOSED BOARD OF THE MANITOBA SCHOOL ARRANGE FOR THE NECESSARY IMPROVEMENTS FOR STAFF WORKING CONDITIONS AT THE SCHOOL.

XII. XIII. 12. THAT SPECIAL EMPHASIS BE GIVEN TO TRAINING PROGRAMS FOR SERVICE PROVIDERS TO WORK WITH AND APPRECIATE THE ROLE OF THE PERSONAL AND CORPORATE ADVOCATE.

12.1 THAT PRIVATE SECTOR ADMINISTRATIONS PROVIDE MEANINGFUL PERSONAL ADVOCACY COURSES TO ENGENDER RESPONSIBLE ADVOCACY.

12.2 THAT PRIVATE AND PUBLIC SECTOR ADMINISTRATIONS BE ALERT TO POTENTIAL CONFLICT OF INTEREST SITUATIONS AND USE MODERN MANAGEMENT STANDARDS TO AVERT DIFFICULTIES.

XIV. 13. THAT ADMINISTRATIONS IN THE PRIVATE AND PUBLIC SECTORS ESTABLISH FLEXIBLE PROGRAMS TO ADAPT TO INDIVIDUAL PLANS.

B.8 PROTECTION

DEFINITION:

Protection is any action, service or regulation, which ensures individual rights with respect to social, emotional, physical and economic well-being of the person with mental retardation.

INTRODUCTION

Every member of society requires protection to ensure his/her individual rights. Historically, the protection of individuals with mental retardation has been upheld by the roles of parents, organizations, and the province, working within the many laws, rules and regulations that govern the conduct of society. For society in general, it is assumed that through the educational process we develop and internalize protective measures. We subconsciously and consciously protect our own welfare for survival and well being.

The type and amount of protection an individual with mental retardation requires is dependent upon individual abilities. Unfortunately, many people tend to forget that individuals with mental retardation learn at a slower rate than those considered normal, and their capacity to internalize information and concepts is often limited. These individuals, more than any other group of individuals, require assistance in developing and maintaining protective mechanisms, in many cases that are lifelong.

Quality of life is essentially improved for most people with mental retardation if they have sufficient capacity for learning and adapting and protecting themselves in their environment. There are tremendous amounts of natural and man-made hazards which must be contended with. Protection may be required from unscrupulous individuals in society who abuse, rob, rape and murder other citizens. Others in society merely take advantage of you if you are not capable of taking care of your own welfare.

In Direct Services, the maintenance of individuals with mental retardation must be met through economic protection or their requirements must be assured by total care. This must include appropriate residential care to meet their needs so that they can interact with the rest of society to the best of their ability. There will be the need to protect some people from our fast-paced and impersonal society. Other protection such as health care, must be offered these individuals to the same degree that it is afforded every citizen of Manitoba. We must also attempt to equip our young citizens adequately through education and training for adapting and becoming contributing members of society where possible. Everyone's life is further enhanced through enjoyable recreation and relaxing leisure time activities and favourable interaction with other people.

There are many areas of system protection that are frequently taken for granted. Our total needs are assessed early for us by the protection of parents and guardians. For many with mental retardation there is no parent or personal advocate to offer the love, support and protection that is critically required. Further compounding a bleak picture is our archaic legislation for the mentally retarded which is basically inhibiting in nature as it was written for earlier social conditions. Adequate respite programs will have to be developed. Protection of the system will require many years of future endeavour in prevention and applied research. Greater support from the public will offer more general protection when awareness and acceptance is achieved through public education programs. There has been some major improvement in this area as evidenced by the formation of groups such as the Society for Crippled Children and Adults, the Association for the Mentally Retarded, Citizen Advocacy and Mental Retardation Services. However, the stakeholders identified many concerns about the lack of protection for individuals with mental retardation despite the continuing efforts to deal with the situation.

KEY ISSUES

I. The existing appeal mechanisms or procedures are inadequate and generally ineffective, being for the most part internal functions.

II. There are large numbers of individuals with mental retardation who do not have a competent personal advocate and are not ensured adequate protection.

III. There is no guarantee that persons with mental retardation will have the income necessary for their needs.

IV. The amount of control and monitoring is not sufficient to ensure individuals and families protection from inadequate service standards.

V. With increased numbers of community residences and private boards, it is becoming more difficult to regulate standards, ensure prevention of abuse, and generally protect the individual.

VI. There is a lack of protection for many families from the expectations of people who have never had to live with, and take continuing responsibility for, a person with mental retardation.

VII. Existing controls do not protect users from situations where, for any reason, service providers choose not to cooperate in ensuring the overlap necessary to a continuum of services.

VIII. There are situations where perceptions of unfair or unrealistic practices are not questioned or challenged by parents, advocates or service providers.

IX. There is a widespread fear that elimination of institutions would leave many individuals unprotected when parents are no longer able to care for them.

X. In some cases there has been a lack of early intervention and follow-up procedures necessary to protect the individual from becoming even more functionally handicapped.

XI. Some elderly persons with mental retardation are not afforded the same rights and privileges upon reaching the age of eligibility for some elderly services as the rest of society.

XII. There are instances where the behavior of a few persons with mental retardation has led to a negative image of all individuals with mental retardation in the minds of many people. This situation adversely affects the protective mechanism required for others with mental retardation.

DISCUSSION/CONCLUSIONS

One of the most important elements of a protection function is the availability of someone to turn to when problems arise. Currently, the system of services for those with mental retardation does not have an appropriate appeal mechanism. When organizations promote ideals without regard for individuals; when clients are used as pawns in order to effect change; or when the relationships between services are strained and ineffectively coordinated, the only resource one has is to address the offending service(s) themselves.

There is no guarantee that persons with mental retardation will have the income necessary to provide for their needs or have an advocate to assist them as required.

Compounding the lack of an appeal mechanism is the lack of standards and regulations with an appropriate monitoring system to ensure adequate services are maintained. With the increasing number of private boards, and community based service providers, there must be an increased emphasis in the area of protection for the individual to ensure the continuum of services required.

Parents and guardians often feel they are providing inadequate care for their children due to the pressure of expectations placed on them by theoreticians who have never had to take continuing responsibility for an individual with mental retardation. Their situation is further confused by feelings of intimidation when they feel there are unrealistic or unfair practices taking place and they are afraid to report them. It is essential that individuals and their advocates have knowledge of an appeal mechanism when one is establshed, that they perceive the process as accessible, and feel comfortable that their opinions and concerns are appropriately considered.

Until community residences and other service programs are adequately funded, staffed, and controlled, stakeholders will continue to be hesitant about phasing down or closing institutions. Without services being as comprehensive and as structurally sound as those within the institutions, community based programming will be looked at with considerable apprehension. There must be a commitment by both the public and private sectors to provide the funding, training, support and encouragement necessary to ensure community-based services to meet the needs of the people they are designed to serve.

Both the young and elderly must be provided the same opportunities as other citizens in their age range. There have been instances where early intervention and follow-up procedures were not instituted early enough and some individuals have become even more functionally handicapped. Failure to provide the necessary care is to deny an individual an equal chance in society. The elderly, who continue to be placed on a low priority rating with respect to normal housing for senior citizens are also being denied an equal opportunity for regular community services.

There are instances where the behavior of a few persons with mental retardation has led to negative images of all individuals with mental retardation in the minds of many people. This situation adversely affects the protective mechanism required for others with mental retardation. If these individuals with mental retardation were accorded the same level of protection as the rest of society, based on their abilities, much of the confusion, frustration and demands for equal rights would subside. The Province of Manitoba must regard protection as a top priority for providing improvements for the care of its citizens with mental retardation. A responsibility centre will be required from the private/public sectors to ensure all direct system services and system supports are fully established and are adequately resourced and that all improvements are implemented by trained personnel.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY FUNCTION AS A FORMAL PROVINCIAL APPEAL BODY THAT HAS AUTHORITY TO CAUSE INVESTIGATION OF COMPLAINTS AND CONCERNS FOR THE WELL-BEING OF INDIVIDUALS WITH MENTAL RETARDATION.

II. 2. THAT MENTAL RETARDATION SERVICES, IN COOPERATION WITH ADVOCACY GROUPS, ENSURE THAT EACH INDIVIDUAL HAS A PERSONAL ADVOCATE TO ASSIST WITH DECISIONS FOR DAILY LIVING AS REQUIRED.

III. 3. THAT PERSONS WITH MENTAL RETARDATION, BE REGISTERED WITH INCOME SECURITY FOR FINANCIAL ASSISTANCE, AND BE GUARANTEED AN INCOME BASED ON THE ONGOING NEEDS DESCRIBED IN THE INDIVIDUAL PLAN.

Reference to Key Issue

IV. 4. THAT ADMINISTRATIONS PROVIDE SERVICE MONITORING AND CONTROL AND REPORT ON THE EFFECTIVENESS OF ALL SERVICES UTILIZED BY THOSE WITH MENTAL RETARDATION TO THE PROPOSED INFORMATION AND PLANNING GROUP.

4.1 THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY SEEK PROGRAM AUDITS AS DEEMED NECESSARY TO ENSURE THE PROTECTION OF CLIENTS FROM INADEQUATE SERVICE STANDARDS IN PRIVATE OR PUBLIC SECTORS.

V. 5. THAT THE PROPOSED RESIDENTIAL OPTIONS AGENCY ESTABLISH STANDARDS AND DEVELOP GUIDELINES FOR ALL RESIDENTIAL FACILITIES AND UNDERTAKE ONGOING MONITORING, REVIEWS, AND SERVICE AUDITS AS REQUIRED TO ENSURE THESE STANDARDS ARE BEING ACHIEVED THROUGHOUT THE PROVINCE. These standards and guidelines should be developed in consultation with appropriate effected parties and circulated to all residential care operators.

VI. 6. THAT THE PROPOSED INFORMATION AND PLANNING GROUP AND SERVICE PROVIDERS GIVE PARTICULAR CONSIDERATION TO THE COPING ABILITIES OF THE FAMILY OR OTHER CARE PROVIDERS INVOLVED TO ENSURE THAT EXPECTATIONS ARE REALISTIC, AND WHERE THEY ARE NOT, THAT APPROPRIATE SUPPORT SERVICES ARE PROVIDED TO ENSURE THE INDIVIDUAL THE SERVICES REQUIRED.

VII. 7. THAT THE PROPOSED INFORMATION AND PLANNING GROUP MAINTAIN A ROUTINE LIAISON WITH CONTINUING FOLLOW-UP WITH INDIVIDUALS WHO HAVE BEEN REGISTERED TO ENSURE THE INDIVIDUAL AND THE FAMILY THAT THE CONTINUUM OF SERVICE AND SECURITY IS APPROPRIATE TO INDIVIDUAL NEEDS.

VIII. 8. THAT THE PROPOSED INFORMATION AND PLANNING GROUP ENSURE THAT CLIENTS, PARENTS, ADVOCATES AND SERVICE PROVIDERS ARE INFORMED ON APPEAL PROCEDURES.

IX. 9. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH THE PROPOSED INFORMATION AND PLANNING GROUP, DESIGN A PUBLIC EDUCATION PROGRAM.

X. 10. THAT THE PUBLIC HEALTH AUTHORITY, IN COOPERATION WITH THE DEPARTMENT OF EDUCATION, MAKE PROVISION FOR CONTINUING MONITORING OF HIGH-RISK YOUNG PEOPLE TO ENSURE EARLY DETECTION OF NEEDS AND PROTECTION FROM FUNCTIONAL DETERIORATION.

XI. 11. THAT THE MINISTER OF HEALTH ENSURE THAT SENIOR CITIZENS WHO ARE MENTALLY RETARDED ARE AFFORDED THE SAME ACCESS AND PRIORITY RATING AS ANY OTHER CITIZEN IN THE PROVINCE OF MANITOBA.

XII. 12. THAT THE PROPOSED INFORMATION AND PLANNING GROUP IN COOPERATION WITH PRIVATE AND PUBLIC SECTOR GROUPS DESIGN PUBLIC EDUCATION PROGRAMS THAT INFORM THE GENERAL PUBLIC OF NEW SUC-

Reference to Key Issue

CESS STORIES AND NEW IMPROVEMENTS IN THE SYSTEM. The general public must be made aware of the pressing need for personal advocates to help individuals with mental retardation and thus improve the overall image of the person who is mentally retarded.

12.1 THAT THE HUMAN DEVELOPMENT AUTHORITY PROVIDE AN ANNUAL REPORT ON THE SYSTEM OF SERVICES FOR MANITOBA'S CITIZENS WITH MENTAL RETARDATION. This will provide an annual report to the Minister of Community Services and Corrections and to other key ministers and stakeholders.

a) This will serve as a monitoring mechanism on the system to assess the forward movement of services.

b) This will provide an update on the inventory of services.

c) This will be useful public education information for the system.

C. SYSTEM ADMINISTRATION

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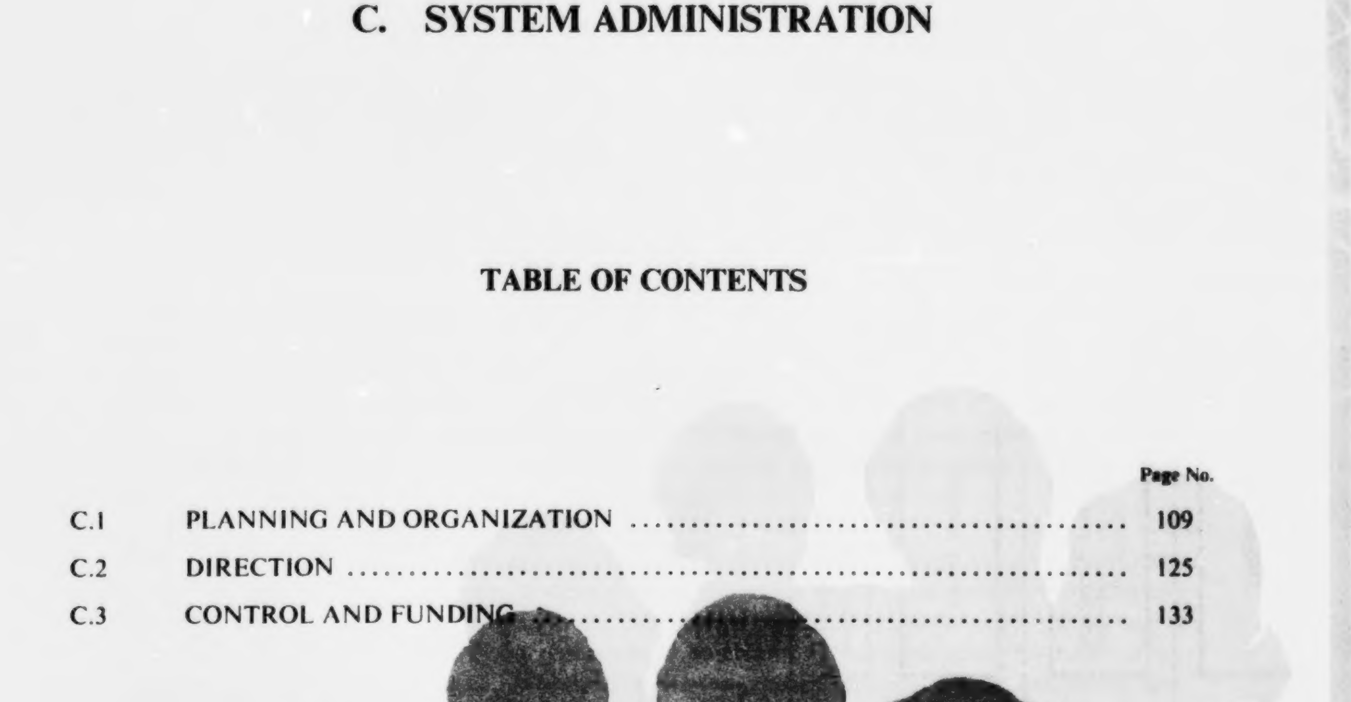

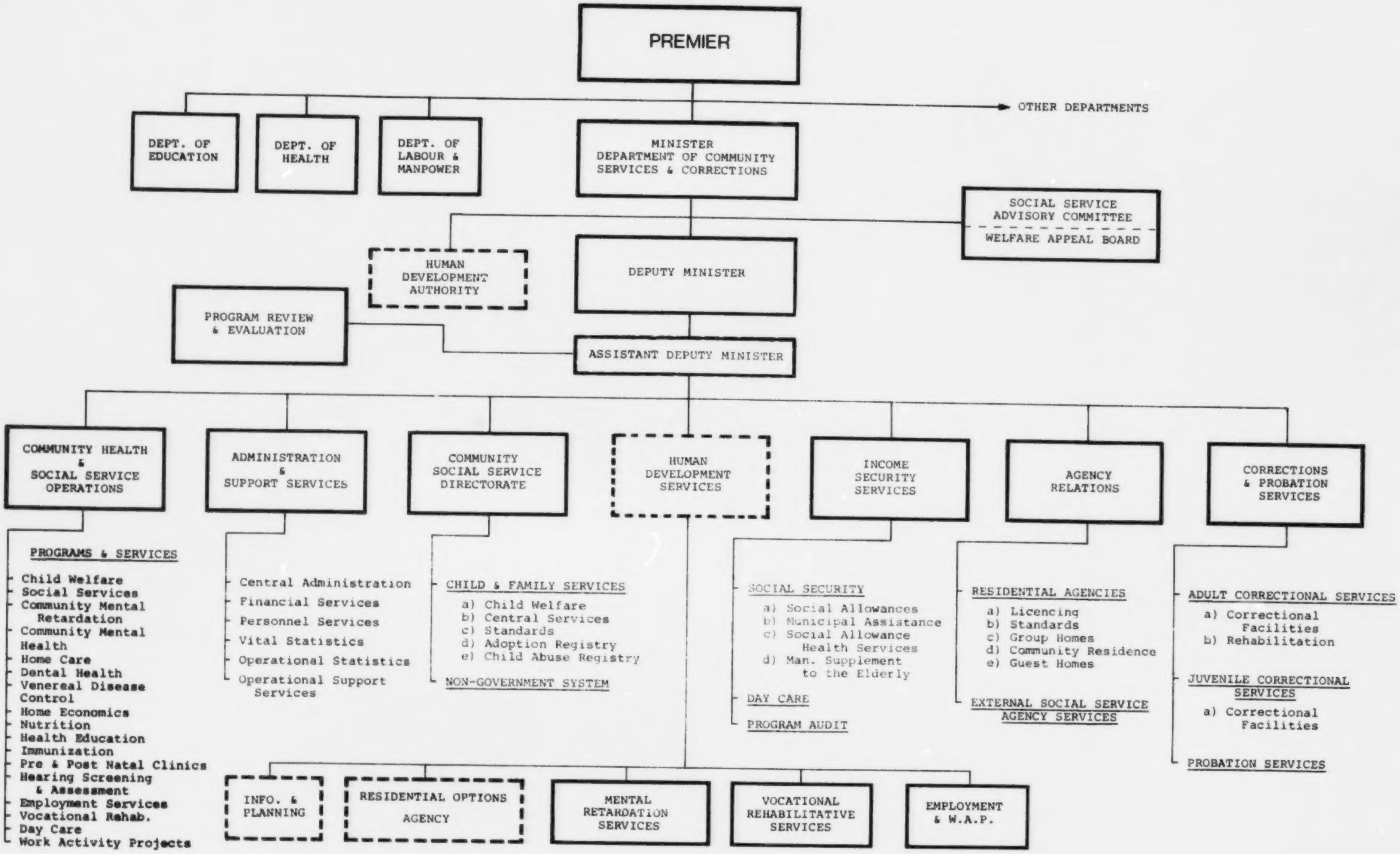

Solid Lines = Existing Organizational Components.
Broken Lines = Proposed Organizational Components.

DEFINITION:

Planning is an integral part of the management function. It is necessary in identifying evolving needs, establishing objectives, and devising strategies so that organizations, through an administrative process of grouping activities and resources, can achieve the objectives set.

INTRODUCTION

Today, the complexity of our fast paced world is drawing attention to organizations and administrations that are crucial to the success of society. Society's accomplishments are enhanced by the effective administration of organizations and resources. By organizing, we are able to reduce an overall job or mission into manageable tasks. These tasks can then be assigned with the necessary authority, to those most appropriate in effecting achievement. Through effective plans, a manager and his organization will more readily be able to convert econcomical, technical and sociological resources into worthwhile results.

In society, parents are the initial authority to act on behalf of their dependents. When these dependents are developmentally delayed, their needs are escalated and often parents cannot cope. They are then obliged to look beyond the home for help.

The lifetime duration of many handicaps compounds a most difficult situation for parents or guardians. They also face the constant fear of what is to become of their offspring if they outlive the parent. For some parents in the past this has been resolved to a degree by the institutionalization of their children. Others are striving to maintain their children in the community while undergoing tremendous pressures and frustrations of attempting to coordinate and obtain the necessary services to provide the basics of life.

The needs of many individuals with mental retardation can only be met through the coordination and cooperation of the organizations that provide for them in the direct service areas. Assessment of need, adequate provision of residential care and income maintenance, health, education, training, employment and recreation are basic for all citizens. These crucial direct services must be effectively managed at various levels of the system. The system supports of assessment, legislation, prevention, applied research, respite care, public education, human resources and the whole area of protection are necessary functions of society. Society has supports and protection for every citizen. People with mental retardation, however, who represent one of the areas of greatest need have traditionally been low on the priority scale.

Politicians, senior administrators, program managers and field managers in the public sector, and managers and board people in the private sector have the responsibility to plan, guide, and direct organization as effectively as possible to ensure proper priority for citizens with mental retardation.

Approximately 30 years ago, Associations for the Mentally Retarded were formed by families and friends to assist in the provision of services. Over the years more organizations within the private and public sectors have progressively been formed or restructured to respond to the multiplicity of needs.

Many stakeholders reported on the tremendous work done by dedicated individuals and organizations and wonder how they could have ever carried on without their help.

Community based organizations are relatively young considering the 112 years of our Province's history. They have contributed to a significant degree in organizing public support in this area. A major concern now is to ensure the continuum of services that will improve the quality of life for all individuals with mental retardation. This must be true whether in community based programs or institutionally based programs.

Many stakeholders interviewed recognized that the public and private sectors have demonstrated different degrees of planning and organizational skills. They expressed concern that we cannot rest on past achievements and noted that there are some constraints to improving the present system. The need for more advance planning and contingency planning, as well as organizational considerations to meet the multiplicity of needs in Manitoba, was also pointed out.

KEY ISSUES

I. No single ministry, directorate, branch service, or private sector agency has been delegated the task and necessary authority to coordinate generic or specialized services and system requirements to meet the many changing needs of Manitoba's citizens with mental retardation and appropriately address society's expectations.

II. People see government as the ultimate authority and are frustrated by the limited communication among departments, agencies and the private sector.

III. There is no provincial agency with the mandate to gather, store, retrieve and disseminate information required for planning purposes or assist in advancing plans for the system of services for the mentally retarded.

IV. There has been no clear identification of activities constituting the corporate advocacy role or recognition of any single agency to whom authority for this role could be responsibly delegated.

V. Small populations dispersed in large geographic areas have presented special problems for planners in altering resources and delivery techniques.

VI. The differential between physical size/chronological age and developmental ability has presented difficulties with groupings and appropriate individualized programming.

VII. There is a lack of recognition of the planning contributions that could be offered by stakeholders involved in direct service provision or those in supporting implementation.

VIII. There is a lack of advanced planning and contingency planning which results in crises intervention rather than planned intervention.

IX. Long term planning cannot be effective if it is limited to the mandate of the government of the day.

DISCUSSIONS/CONCLUSIONS

The increase in expectations of the stakeholders in the system over the last 20 years has resulted in a growing number of organizations in the public and private sectors. Government has acknowledged the organizational difficulties by repeated attempts to restructure the system. Many stakeholders have viewed the changes as having marginal effect in minimizing the maze of the service system. The most common concern expressed was the difficulty experienced by stakeholders when attempting to gain access to information or determine responsibility for services. In the final analysis, mental retardation is a social concern, yet there is no clear agreement when prime responsibility migrates to the Department of Community Services and Corrections. There is also jurisdictional confusion as to which department or agency will deliver programs during the infancy to school age period, and again at the point of leaving the education system. Another concern voiced was the lack of awareness of the system by service deliverers. The ramifications for the client have at times been delayed service, with frequent service gaps, or denial of service options.

In the private sector, numerous associations and organizations were formed as social expectations increased to include more developmental services. As the groups strived to improve the quality of life for those with mental retardation through developmental programs, they found it necessary to look to others for help. Numerous appeals over the years have been made to public and private sector groups for moral, physical and financial aid. The response has been enthusiastic and generous, but still short of sufficient, as weighed against the multiplicity of needs throughout the province.

No one in the private or public sector has been given the mandate to organize and regulate the various inputs toward provincially stated missions.

In the last few years the Canadian Association for the Mentally Retarded chose to withdraw from direct services and assisted others in organizing committees and associations to fulfill the need of direct service roles. There are now numerous organizations that operate a variety of group homes, activity centres, pre-school programs, workshops and day centres, and other special service programs. Financing for these operations is obtained by a combination of private contributions, the sale of goods or services and grants from various government departments or programs. The expectations of many private sector, community-based operations have often exceeded resources, creating a high degree of instability. This has resulted in programs operating in a continual state of stress. Direction has become most difficult as there can be no long term planning when one is worried about day to day survival. This situation has produced confusion, frustration and uncertainty for the parents and stakeholders of community based programs as they are presently managed and resourced. There is strong feeling that the current system and process by which programs are funded is resulting in disincentives for community based initiatives.

Regardless of whom the resources are channelled through, the Provincial Government is generally identified as being responsible for the provision of services for those with mental retardation. Stakeholders have become frustrated and annoyed by the limited communication between government departments and the private sector. A number of people observed that initiatives are being hampered by a lack of information sharing. There is a strong feeling that this is one of the biggest constraints to improving the present system of services.

Many parents and guardians identify all service providers as government. Staff of private agencies, when identified as government employees, often let the misunderstanding continue rather than attempt to explain the specific organizational arrangements. At times this results in complaints concerning service being inappropriately directed to government agencies. Government is the final target to hit with built up frustrations. Civil servants providing direct contact for service are the first to receive abuse.

The ministries which have major impact on the quality of life for those with mental retardation are the Deparments of Community Services and Corrections, Health, Education, and Labour and Manpower. The Department of Community Services and Corrections presently has the main organizations and resources structured in its ministry and effective coordination with other departments and agencies will be one of their major responsibilities.

Within the Department of Community Services and Corrections, Rehabilitative Services, with its branch services has the resource strength in the regions for field level planning. In addition, the Executive Branch of Rehabilitative Services has the basis for a Planning Arbitration Board. However, the information, data services and planning assistance are not fully functioning or formally organized to provide for comprehensive planning.

Mental Retardation Services, Vocational Rehabilitative Services, and Employment Services have provided a strong personal support base for the various stakeholders in the system. Other government branches and directorates have also helped improve services for those with mental retardation and support for their families. With the added innovation and input from various private sector groups, some impressive community based options have been established in the last several years.

There have been many independent studies conducted in the mental retardation field. However, there has been a lack of shared information and a lack of coordination to ensure information collected can be effectively used for planning purposes. Thus, some independent studies have been viewed with some apprehension as to the findings and potential of further use. In attempting to deal with the multiplicity of individual needs, system supports, the proliferation of organizations and multitude and complexity of information handling, there appears to be a major deficiency with the absence of a formal information and planning group.

The general public closely identifies the Canadian Association for the Mentally Retarded — Manitoba Division, as the private sector group representing people with mental retardation. But many stakeholders interviewed do not recognize this association as the only corporate advocate or having any special right or authority to represent all mentally retarded people or all parents. Other organizations have been formed to respond to a variety of direct service needs or system supports such as the Auxiliary for the Manitoba School and the St. Amant Society. These organizations feel they can best look after their own interests in the welfare of their dependents and constituents.

There is a need for an appropriate forum to draw the public and private sectors together for joint and comprehensive planning at the local, regional and provincial levels. Existing forums such as the Regional Liaison Committees, have not had the necessary mandate and administrative support to be fully effective.

Individual and system expectations have accelerated over the last 10 years in the field of mental retardation and there is reason to believe this will continue. This is due in large measure to the knowledge that more can be done for indivuduals with special needs, and society is becoming more receptive to community integration. There is now greater need for cooperation and joint planning than was ever previously recognized in our province.

Unless the need for joint and comprehensive planning in both the private and public sectors is adequately addressed, there will be a further contribution to fragmentation of services. There appears to be great need for incentives to induce comprehensive planning.

The seven rural regions of Manitoba experience special problems with the small number of clients in any given area. The difficulties presented to administrators have been compounded by the various age ranges and abilities of the clients in their respective area. Transportation for clients and service providers in the rural regions has presented problems not easily resolved. The difficulty in gaining access to limited resources is thus compounded. The deployment of Mental Retardation Service workers to the rural regions as a priority for the Province was a good example of the flexibility required in varying resources and delivery techniques.

There are inherent difficulties with groupings and appropriate individualized programming due to the differential between physical size/chronological age and functional ability/developmental level. These problems have received more attention in recent years with the promotion of normalization. When eligibility for services is based on the level of mental retardation or similar categorical criteria, some individuals are denied services despite obvious need.

Some stakeholders have stated that the deficiency in documented planning beyond the 4 year time span is a product of our political system. The Task Force has recognized that all public administrations rely on program thrusts intended to respond to the needs of the system. The Provincial Government has duly recognized the need for more advanced planning and have shown that it is quite receptive to the innovation of the stakeholders. This is evident through the mandate given to the Task Force and the latitude in which it was able to conduct the study.

At times individual plans are developed without the direct involvement of clients, parents, and other advocates concerned with the programs. Consequently service providers and administrations often fail to recognize the contributions these people could offer to the planning process. This situation is most detrimental for service follow-through and limits the necessary support to program delivery. There must be a safeguard to protect the innovation of the many stakeholders in the system so that valuable contributions to planning are not lost.

Agencies being denied funding and support tend to duplicate and expand their service base through affiliates. These affiliates duplicate administrative expenditures. This practice results in the establishment of new organizations quite often funded from the same source that disallowed additional funding to the initial service agency. Greater efficiencies, fewer frictions with less duplication of administrative costs would be experienced, for example, in the private sector in the area of residential care if the larger based facilities — Manitoba School, Pelican Lake, and St. Amant would operate a full range of community based residential options. This would also help promote greater reciprical support between institutional services and services in the community.

The mental retardation field in Manitoba has been characterized by a lack of ability to compromise with varying ideologies firmly entrenched. This adds planning difficulty to the detriment of the entire spectrum of associated services. In democratic societies, compromises and reciprocal agreements are required to preserve the cohesiveness of the provincial, regional and local communities. If required compromises and agreements are not achieved, the democratic process ceases to work.

It has become evident to the Task Force that the multiplicity of needs of citizens with mental retardation requires the services of several government departments, directorates, branch services and numerous organizations in the private sector.

A more effective partnership is required within government departments, private sector agencies, and between government and the private sector. Once this is established, government will be able to provide more positive control in managing the system. This will result in more effective planning, clearer jurisdictions, greater ease for implementation and monitoring, and a positive direction for the future. The private sector has shown tremendous initiative; the challenge to the province must be picked up by the main government authority, the Department of Community Services and Corrections. The enhancement of planning and organizational services at the local, regional and provincial levels will help to develop a stronger continuum.

Reference to Key Issue

RECOMMENDATIONS

I.II. 1. THAT THE GOVERNMENT OF MANITOBA EMPHASIZE THAT MENTAL RETARDATION IS PRIMARILY A SOCIAL CONDITION BY DESIGNATING THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS AS THE PRIME RESPONSIBILTY CENTRE IN GOVERNMENT FOR THE COORDINATION, PLANNING, AND ORGANIZATION OF SERVICES TO MEET INDIVIDUAL AND SYSTEM REQUIREMENTS BY EFFECTIVELY UTILIZING GENERIC AND SPECIALIZED

Reference to Key Issue

PROGRAMS. THAT THIS MINISTRY ENSURE THAT OTHER DIRECTLY INVOLVED DEPARTMENTS COOPERATE TO ENSURE MAXIMUM BENEFITS FOR THOSE WITH MENTAL RETARDATION BY EFFECTIVELY UTILIZING GENERIC AND SPECIALIZED PROGRAMS.

III. 1.1 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS STRENGTHEN THE PRIMARY CONTINUUM OF SERVICES THROUGH THE REHABILITATIVE SERVICES DIRECTORATE BY ESTABLISHING AN INFORMATION AND PLANNING GROUP WITH A MANDATE FOR THE GATHERING, STORAGE, RETRIEVAL AND DISSEMINATION OF INFORMATION REQUIRED FOR PLANNING PURPOSES IN THE PRIVATE AND PUBLIC SECTORS. The proposed Information and Planning Group will have three primary functions in providing services to the private and public sectors as follows: Information Service, Planning Service, and Coordination of Public Education.

a. THAT THE PROPOSED INFORMATION AND PLANNING GROUP ENSURE THAT COMPLETE ASSESSMENT IS REGISTERED WITH THEIR OFFICE WITH PERIODIC UPDATES TO DETERMINE INDIVIDUAL NEEDS.

b. THAT THE PROPOSED INFORMATION AND PLANNING GROUP ANNUALLY REVIEW AND DOCUMENT LOCAL, REGIONAL AND PROVINCIAL NEEDS AND MAKE SUCH INFORMATION AVAILABLE TO PUBLIC AND PRIVATE STAKEHOLDERS ALONG WITH PLANNING ASSISTANCE TO RESOLVE THE VARIOUS NEEDS.

c. THAT THIS PROPOSED DIVISION ENSURE SYSTEM CONCERNS ARE ANNUALLY DOCUMENTED AND STRATEGIES FOR RESOLUTION ARE PREPARED AND PRESENTED TO THE REHABILITATIVE SERVICES EXECUTIVE DIRECTORATE AND TO THE PROPOSED HUMAN DEVELOPMENT AUTHORITY.

d. THAT THE PROPOSED INFORMATION AND PLANNING GROUP DEVISE STANDARDS AND PROCEDURES FOR THE GATHERING, RETRIEVAL, AND DISSEMINATION OF INFORMATION IN CONSULTATION WITH THE BRANCHES OF REHABILITATIVE SERVICES, THE REGIONAL DIRECTORS AND THE PROPOSED HUMAN DEVELOPMENT AUTHORITY.

e. THAT THE PROPOSED INFORMATION AND PLANNING GROUP COORDINATE AND ASSIST PUBLIC EDUCATION PROGRAMS WITH THE PRIVATE AND PUBLIC SECTORS TO ENHANCE AND ADVANCE THE SYSTEM MISSIONS IN THE FIELD OF MENTAL RETARDATION.

1.2 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH A DATA CENTRE WITH ADEQUATE RESOURCES TO HANDLE THE INFORMATION THAT WILL BE GATHERED, STORED, RETRIEVED AND DISSEMINATED BY THE PROPOSED INFORMATION AND PLANNING GROUP.

a. THAT THE PROPOSED DATA CENTRE BE A RESOURCE FACILITY FOR BOTH THE PRIVATE AND PUBLIC SECTOR.

b. THAT THE PROPOSED DATA CENTRE HAVE A TOLL-FREE TELEPHONE NUMBER FOR PROVINCE-WIDE USE.

Reference to Key Issue

c. THAT THE PROPOSED DATA CENTRE BE PROGESSIVELY COMPUTERIZED TO SUPPORT THE PROVINCIAL, REGIONAL AND LOCAL REHABILITATION NEEDS.

d. THAT THE PROPOSED DATA CENTRE BE ACCESSIBLE BY REGIONAL MONITORS WHEN THE SYSTEM HAS SUFFICIENTLY PROVEN ITS EFFECTIVENESS IN WINNIPEG. This could be a medium range plan of 5 – 10 years.

e. THAT THE COURTS BE MADE PRIVY TO THE RESOURCES OF THE DATA CENTRE AND THAT LIAISON BE ESTABLISHED BETWEEN THE JUDICIARY AND THE PROPOSED INFORMATION AND PLANNING GROUP.

1.3 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS THROUGH THE REHABILITATIVE SERVICES DIRECTORATE INFORM ALL DIRECTLY AFFECTED AGENCIES IN THE PRIVATE AND PUBLIC SECTOR OF THE ROLE, AND SERVICES OF THE NEW INFORMATION AND PLANNING GROUP.

a. THAT ALL AGENCIES IN THE PRIVATE AND PUBLIC SECTORS WHICH REQUIRE PROVINCIAL FUNDING BE REQUIRED TO REGISTER THEIR PLANNING DOCUMENTS WITH THE INFORMATION AND PLANNING GROUP.

b. THAT ALL STAKEHOLDERS IN THE PRIVATE AND PUBLIC SECTORS BE ENCOURAGED TO SHARE THEIR DATA AND PLANNING DOCUMENTS WITH THE DATA CENTRE TO HELP AVOID DUPLICATION OF SERVICES AND UNNECESSARY EXPENDITURES:

c. THAT ALL AGENCIES IN THE PRIVATE AND PUBLIC SECTORS BE APPROPRIATELY INFORMED OF NEW DEVELOPMENTS TO HELP ESTABLISH NEW SERVICES IN A PLANNED AND EFFICIENT MANNER.

1.4 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS SUPPORT REHABILITATIVE SERVICES WITH RESOURCING FOR THE PROPOSED INFORMATION AND PLANNING GROUP.

a. THAT THIS NEW BRANCH SERVICE BE INITIALLY RESOURCED WITH A DIRECTOR, A COORDINATOR AND TWO INFORMATION AND PLANNING OFFICERS. The Director will advance detail for a functional organization as a first responsibility.

1.5 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH THE REHABILITATIVE SERVICES DIRECTORATE, ESTABLISH A RESIDENTIAL OPTIONS AGENCY WITH THE MANDATE TO ENSURE A SATISFACTORY STANDARD OF RESIDENTIAL CARE THROUGHOUT THE PROVINCE FOR THOSE WITH MENTAL RETARDATION. This agency, as a branch of Rehabilitative Services will be instrumental in promoting and directing a one system structure of residential care controls.

a. THAT THIS PROPOSED AGENCY ESTABLISH STANDARDS AND GUIDELINES FOR ALL RESIDENTIAL CARE OPTIONS IN THE PROVINCE FOR PEOPLE WITH MENTAL RETARDATION, INCLUDING THE LARGE RESIDENTIAL CARE FACILITIES SUCH AS THE MANITOBA SCHOOL, ST. AMANT CENTRE, AND PELICAN LAKE.

Reference to
Key Issue

b. THAT THE RESIDENTIAL OPTIONS AGENCY PROVIDE THE NECESSARY CONSULTING SERVICE TO STAKEHOLDERS WITH VESTED INTEREST REGARDING GUIDELINES AND STANDARDS FOR RESIDENTIAL CARE.

c. THAT THE RESIDENTIAL OPTIONS AGENCY ESTABLISH THE METHOD OF PAYMENT AND MONITOR RATES FOR ALL RESIDENTIAL CARE FACILITIES IN THE PROVINCE OF MANITOBA FOR CITIZENS WITH MENTAL RETARDATION.

d. THAT THE RESIDENTIAL OPTIONS AGENCY PROCESS APPLICATIONS FOR LICENSING.

e. THAT THE RESIDENTIAL OPTIONS AGENCY MONITOR ALL RESIDENTIAL CARE FACILITIES IN THE PROVINCE TO ENSURE A SATISFACTORY STANDARD OF RESIDENTIAL CARE EXISTS AND REPORT ANY GAPS OR OVERLAPS IN SERVICES TO THE INFORMATION AND PLANNING GROUP.

f. THAT THE RESIDENTIAL OPTIONS AGENCY DEVELOP AND MAINTAIN A REGISTRY OF RESIDENCES THAT ARE LICENSED TO ACCOMMODATE PERSONS WITH MENTAL RETARDATION IN MANITOBA.

g. THAT THE RESIDENTIAL OPTIONS AGENCY REVIEW AND REPORT ON EXISTING AND PROPOSED RESIDENTIAL PROGRAMS AND REGISTER THIS INFORMATION WITH THE INFORMATION AND PLANNING GROUP.

1.6 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH THE PROPOSED RESIDENTIAL OPTIONS AGENCY, ARRANGE FOR A COOPERATIVE TRANSITION OF ALL RESIDENTIAL SERVICES PRESENTLY OPERATED BY GOVERNMENT TO BE PLACED IN THE HANDS OF PRIVATE AGENCIES. The private sector will operate all residential facilities and they will be monitored by the Residential Options Agency.

1.7 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS SUPPORT REHABILITATIVE SERVICES WITH THE RESOURCING FOR THE PROPOSED RESIDENTIAL OPTIONS AGENCY.

a. THAT THE PROPOSED RESIDENTIAL OPTIONS AGENCY INITIALLY BE RESOURCED WITH A DIRECTOR, A COORDINATOR, AND A STANDARDS OFFICER. THE DIRECTOR WILL ADVANCE DETAIL FOR A FUNCTIONAL ORGANIZATION AS A FIRST RESPONSIBILITY.

1.8 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE MANDATE TO MENTAL RETARDATION SERVICES TO ACT AS A PROVINCIAL COORDINATOR FOR ASSESSMENT OF INDIVIDUALS WITH MENTAL RETARDATION. This would encompass coordinating, facilitating and monitoring assessment whether in community based or institutionally based facilities. THAT EACH REGION OF THE PROVINCE HAVE THE CAPACITY TO CONDUCT APPROPRIATE INDIVIDUAL ASSESSMENTS.

1.9 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH THE REHABILITATIVE DIRECTORATE, FULLY SUPPORT MENTAL RETARDATION SERVICES TO CONTINUE WITH ITS ROLE OF PERSONAL SUPPORT SERVICES.

Reference to Key Issue

a. THAT MENTAL RETARDATION SERVICES FACILITATE THE CARRYING OUT OF ALL ASPECTS OF THE INDIVIDUAL PLAN. They will not be expected to provide direct service other than in assisting the individual and personal advocate to relate to the service providers identified in the plan.

b. THAT MENTAL RETARDATION SERVICES CONTINUE AND BROADEN CONSULTING SERVICES FOR;

— CLIENT, FAMILY AND ADVOCATE.

— OTHER PUBLIC SECTOR SERVICE AGENTS.

— PRIVATE SECTOR AGENCIES.

c. THAT MENTAL RETARDATION SERVICES ARRANGE CONTINGENCY OR EMERGENCY SERVICES.

d. THAT MENTAL RETARDATION SERVICES PLAN, COORDINATE AND MONITOR RESPITE SERVICES.

e. THAT MENTAL RETARDATION SERVICES ARRANGE FOR A SUITABLY TRAINED PERSONAL ADVOCATE WHEN IT HAS BEEN RECOGNIZED THAT THERE IS NO FAMILY OR OTHER PERSONAL ADVOCATE.

f. THAT MENTAL RETARDATION SERVICES REPORT INADEQUACIES IN SERVICES TO THE REHABILITATIVE DIRECTORATE AND TO THE PROPOSED INFORMATION AND PLANNING GROUP.

g. THAT MENTAL RETARDATION SERVICES ENHANCE THEIR PROGRAM DEVELOPMENT AND ACT AS A NUCLEUS FOR NEW SERVICE DEVELOPMENT.

h. THAT MENTAL RETARDATION SERVICES COORDINATORS PROVIDE ASSISTANCE TO THE REGIONAL LIAISON COMMITTEES AS REQUIRED.

i. THAT MENTAL RETARDATION SERVICES PROVIDE ASSISTANCE TO PRIVATE SERVICE AGENCIES ON A REQUIRED BASIS REGARDING ASPECTS OF STAFF TRAINING, e.g. RESPITE CARE PROVISION, AND EMERGENCY CARE.

j. THAT MENTAL RETARDATION SERVICES BECOME THE PRIME FACILITATOR FOR APPEAL WHEN REQUIRED.

1.10 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH THE REHABILITATIVE SERVICES DIRECTORATE, ENSURE THAT EMPLOYMENT SERVICES UNDERTAKE EMPLOYMENT PLACEMENT FOR PEOPLE WHO ARE MENTALLY HANDICAPPED AND PROVIDE ADEQUATE TRAINING AND RESOURCES.

a. THAT EMPLOYMENT SERVICES IN COOPERATION WITH PROVINCIAL AND FEDERAL JURISDICTIONS AND DRAWING ON THE EXPERTISE OF THE PRIVATE SECTOR, DEVELOP JOB CREATION STRATEGIES TO FULLY UTILIZE OPPORTUNITIES FOR CITIZENS WITH SPECIAL NEEDS.

b. THAT EMPLOYMENT SERVICES, THROUGH WORK ACTIVITY PROJECTS, ENDEAVOUR TO HIRE TRAINEES FOR MAINTENANCE WORK AND SPECIAL PROJECTS THAT BENEFIT THE COMMUNITY.

Reference to Key Issue

c. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, IN THE ABSENCE OF PRIVATE SECTOR INITIATIVES, ENDEAVOUR TO GIVE FIRST OPPORTUNITY TO EMPLOYMENT SERVICES FOR PARTICULAR CONTRACTS WHERE NEW DEVELOPMENT OR REFURBISHING IS REQUIRED FOR RESIDENTIAL OPTIONS IN ALL REGIONS OF THE PROVINCE.

1.11 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS THROUGH THE REHABILITATIVE SERVICES DIRECTORATE FULLY SUPPORT VOCATIONAL REHABILITATIVE SERVICES IN THEIR ROLE TO ASSIST EMPLOYMENT SERVICE WORKERS AND EMPLOYERS:

a. TO DEVELOP THE EXPERTISE FOR ANALYSING JOBS AND ORGANIZING THE TASKS.

b. TO MODIFY OR DEVELOP EQUIPMENT AND DEVICES TO COMPENSATE FOR INDIVIDUAL'S LIMITATIONS.

c. TO PROVIDE ON THE JOB ASSISTANCE IN ADAPTING TO NEW WORK SETTINGS OR IN ARRANGING FOR TRAINING FOR NEW SKILLS NECESSARY FOR NEW JOBS.

1.12 THAT VOCATIONAL REHABILITATIVE SERVICES ARRANGE FOR ANALYSIS OF THE WORK OPPORTUNITIES IN THE CIVIL SERVICE THAT COULD ACCOMMODATE EMPLOYEES WITH SPECIAL NEEDS.

1.13 THAT THE MANITOBA GOVERNMENT, THROUGH VOCATIONAL REHABILITATIVE SERVICES, ENCOURAGE AGENCIES AND COMPANIES RECEIVING GOVERNMENT FUNDING TO ANALYSE THEIR JOB FUNCTIONS. This information can be used to determine if tasks can be reorganized to match the abilities of employees with special needs. The enterprises could then be approached regarding hiring employees based on ability.

1.14 THAT REHABILITATIVE SERVICES PROVIDE THE NECESSARY LEADERSHIP AND ADMINISTRATIVE SUPPORT FOR ITS BRANCH SERVICES OF INFORMATION AND PLANNING, RESIDENTIAL OPTIONS, MENTAL RETARDATION SERVICES, VOCATIONAL REHABILITATIVE SERVICES AND EMPLOYMENT SERVICES.

a. THAT REHABILITATIVE SERVICES COORDINATE THE PRIVATE AND PUBLIC PROGRAMS THAT FALL WITHIN THE MENTAL RETARDATION JURISDICTION.

b. THAT REHABILITATIVE SERVICES PLAN TO ACHIEVE AND MAINTAIN AN EFFECTIVE AND ECONOMICAL REGIONALIZATION OF HUMAN DEVELOPMENT PROGRAMS. Resources will be developed so that all programs in the regions evolve in a planned fashion to meet the needs of citizens with mental retardation.

c. THAT REHABILITATIVE SERVICES ACT AS A PLANNING ARBITRATION BOARD FOR RESOLVING CONFLICTS ON INDIVIDUAL PLANS.

d. THAT REHABILITATIVE SERVICES CONSIDER CHANGING ITS TITLE TO AN APPROPRIATE NAME SUCH AS "HUMAN DEVELOPMENT SERVICES".

Reference to Key Issue

2. THAT THE GOVERNMENT OF MANITOBA ASSIGN THE DEPARTMENT OF EDUCATION THE AUTHORITY AND FUNDS TO UNDERTAKE THE PLANNING AND ORGANIZATION OF ALL PRESCHOOL AND EARLY CHILDHOOD DEVELOPMENT ACTIVITIES INCLUDING THE INFANT STIMULATION PROGRAM. This would be done in cooperation with Mental Retardation Services, the proposed Information and Planning Group, and community service groups.

2.1 THAT THE MINISTER OF HEALTH ESTABLISH A FORMAL RESPONSIBILITY CENTRE TO DEVELOP SPECIFIC LONG TERM GOALS TO SUBSTANTIALLY REDUCE THE INCIDENCE OF MENTAL RETARDATION OVER THE NEXT 20 YEARS.

2.2 THAT THE MINISTER OF HEALTH ESTABLISH A CONSULTANT GROUP TO PROVIDE SUPPORT AND ADVICE TO INDIVIDUAL PRACTITIONERS OR GROUPS WITHIN THE MEDICAL COMMUNITY. The consulting will include information concerning the treatment and care of persons with mental retardation, development of human resources and need for additional services.

2.3 THAT THE MINISTER OF LABOUR AND MANPOWER IN COOPERATION WITH THE MINISTER OF ECONOMIC DEVELOPMENT AND TOURISM, AND THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH PROVINCIAL INCENTIVES TO DEVELOP PROJECTS TO EMPLOY ADULTS WITH MENTAL RETARDATION. These projects, where possible, should be of a long term nature to ensure continuing employment.

a. THAT THE MINISTER OF LABOUR AND MANPOWER, IN COOPERATION WITH THE FEDERAL MINISTER OF LABOUR AND MANPOWER, EXAMINE INTER-PROVINCIAL INCENTIVES TO PRODUCE INCREASED EMPLOYMENT FOR CITIZENS WITH MENTAL RETARDATION. The Winnipeg Core Area Redevelopment Program should be closely examined to determine what opportunities could be advanced.

2.4 THAT THE ASSISTANT DEPUTY MINISTER OF COMMUNITY SERVICES AND CORRECTIONS TAKE A SIGNIFICANT ROLE TO ADVANCE COOPERATION AMONG GOVERNMENT DEPARTMENTS AND GENERIC SERVICES.

2.5 THAT THE DEPUTY MINISTER OF COMMUNITY SERVICES AND CORRECTIONS CONTINUE TO MONITOR PROGRESS IN THE SYSTEM AND TAKE MEASURES TO ADJUST DEFICIENCIES TO ADVANCE PROVINCIAL MISSIONS IN AN APPROPRIATE BALANCE.

2.6 THAT PROGRAM REVIEW AND EVALUATION IN THE DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE MORE OPPORTUNITY FOR WORKER INVOLVEMENT WHEN REVIEWS ARE BEING CONDUCTED. This will provide greater contributions to effect necessary change.

3. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE NEW STRUCTURE WITHIN REHABILITATIVE SERVICES IS EFFECTIVELY COORDINATED TO ENGENDER STAKEHOLDER CONFIDENCE.

Reference to Key Issue

IV. 3.1 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ESTABLISH A HUMAN DEVELOPMENT AUTHORITY WITH MEMBERSHIP FROM THE PRIVATE AND PUBLIC SECTORS TO ACT AS A FORUM TO ENHANCE THE PARTNERSHIP AND IMPROVE SERVICES AND WORKING RELATIONS BETWEEN REGIONAL/LOCAL COMMUNITIES AND INSTITUTIONAL SERVICES. The Proposed Human Development Authority will function as a formal provincial protection and appeal group.

a. THAT THE MEMBERSHIP OF HUMAN DEVELOPMENT AUTHORITY INCLUDE THE DEPUTY MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THE DEPUTY MINISTER OF HEALTH, THE DEPUTY MINISTER OF EDUCATION, AND THE DEPUTY MINISTER OF MANPOWER OR DESIGNATES. FIVE ADDITIONAL MEMBERS FROM THE PRIVATE SECTOR WILL BE APPOINTED BY THE MINISTER OF COMMUNITY SERVICES, AND CORRECTIONS. One of the members from the private sector will act in the capacity of chairman. The terms of office will be as follows: Chairman — for a five year term; Senior Civil Servants for a four year term; two members from the private sector — for a three year term; and two members from the private sector — for a two year term. Community service groups should submit names of potential candidates from the private sector to the Minister of Community Services and Corrections for his consideration.

b. THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY ANNUALLY REVIEW BUDGETS AND PROGRAMS IN THE MENTAL RETARDATION SYSTEM AND RECOMMEND BUDGET AND PROGRAM REQUIREMENTS TO THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS.

c. THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY DEVELOP SEPARATE LEGISLATION FOR AN ACT ON MENTAL RETARDATION TO BE FORWARDED TO THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS.

d. THAT THE HUMAN DEVELOPMENT AUTHORITY ADOPT THE DECLARATION OF THE RIGHTS OF MENTALLY RETARDED PERSONS AS PROCLAIMED BY THE UNITED NATIONS GENERAL ASSEMBLY. This should be used as a framework for the Human Development Authority to review Manitoba and Canadian Human Rights legislation. The Human Development Authority will then make recommendations to the Minister of Community Services and Corrections addressing Human Rights issues.

e. THAT THE PROPOSED EXPERIMENTAL PROJECTS IN THE FIELD OF MENTAL RETARDATION BE SUBJECT TO THE APPROVAL OF THE HUMAN DEVELOPMENT AUTHORITY. The Human Development Authority will require a plan detailing the actions to be taken in the research projects and the time frames required for completion of the projects.

f. THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY FUNCTION AS A FORMAL PROVINCIAL APPEAL BODY TO DEAL WITH INDIVIDUAL AND SYSTEM CONCERNS.

g. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE MANDATE AND POWERS TO THE PROPOSED HUMAN DEVELOPMENT AUTHORITY TO ARRANGE FOR COMPREHENSIVE AUDITING OR ANY INVESTIGATION OR MONITORING OF ASSESSMENTS, INDIVIDUAL PLANS, PROGRAMS AND PROJECTS ACCORDING TO THE DICTATES OF CONCERNS OR APPEALS LODGED WITH THE AUTHORITY.

Reference to Key Issue

h. THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY DEVELOP AND PROMOTE PROCEDURES THAT WILL ASSURE ADVOCACY GROUPS ARE PROVIDED OPPORTUNITY TO BRING DISSATISFACTIONS WITH RESPECT TO ANY ASPECT OF THE SERVICE SYSTEM TO THE ATTENTION OF THE HUMAN DEVELOPMENT AUTHORITY IN A MANNER WHICH WILL ALLOW ISSUES TO BE DEALT WITH RESPONSIBLY AND EFFECTIVELY.

3.2 THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY PROVIDE A YEARLY REPORT ON THE SYSTEM OF SERVICES FOR MANITOBA'S CITIZENS WITH MENTAL RETARDATION. This will provide an annual report to the Minister of Community Services and Corrections and to the other ministers and stakeholders.

a. This will serve as a monitoring mechanism on the system to assess the forward movement of services.

b. This will provide an update on the inventory of services.

c. This will be useful public education information for the system.

3.3 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS APPROPRIATELY SUPPORT THE HUMAN DEVELOPMENT AUTHORITY WITH RESOURCING TO INCLUDE A SECRETARIAT COMPRISED OF A DIRECTOR, A SECRETARY, AND A PROTECTION OFFICER. THE DIRECTOR WILL ADVANCE DETAIL FOR A FUNCTIONAL ORGANIZATION AS A FIRST RESPONSIBILITY.

3.4 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE MANDATE TO REGIONAL LIAISON COMMITTEES TO ACT AS A LOCAL FORUM FOR PRIORIZING REGIONAL NEEDS. They will receive administrative support through the regional offices.

a. The Regional Liaison Committees will submit their regional concerns and priorizations on direct services and system supports to the proposed Information and Planning Group.

V. 4. THAT THE REHABILITATIVE SERVICES DIRECTORATE AND THE REGIONAL DIRECTORS MAKE PROVISION OF RESOURCES FOR LOCAL AND REGIONAL NEEDS. It is recognized that the small number of clients in local areas will necessitate some services to be centrally located within the regions.

4.1 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT A TEAM OF SPECIALISTS BE ESTABLISHED TO SUPPORT THE HUMAN DEVELOPMENT REGIONALIZATION PROGRAMS THROUGHOUT THE PROVINCE.

VI. 5. THAT THE PLAN FOR THE INDIVIDUAL BE THE GUIDELINE FOR THE NECESSARY RESOURCING AND ELIGIBILITY CRITERIA FOR PROGRAMS. The individual plan will list the involvement of contributors to the plan and will highlight follow-up requirements with the designated responsibility centre. Individual plans will include a budget that appropriately addresses the individual's needs.

VII. 5.1 THAT THE PRIMARY SERVICE PROVIDER ENSURE PARENT AND GUARDIAN INVOLVEMENT ON INDIVIDUAL PLANS AND ENSURE FOLLOW-UP REQUIREMENTS ARE APPROPRIATELY MONITORED.

Reference to Key Issue		
VIII.	5.2	THAT EACH PLAN REQUIRE CONTINGENCY ARRANGEMENTS FOR RESPITE CARE PROVISION AND EMERGENCY SITUATIONS.
IX.	6.	THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE THE PROPOSED HUMAN DEVELOPMENT AUTHORITY WITH A 20 YEAR MANDATE TO ASSIST IN PROVIDING A MORE HARMONIOUS PRIVATE/PUBLIC PARTNERSHIP TO EFFECT LONG TERM SOCIAL CHANGE FOR THE MENTAL RETARDATION SYSTEM.

C.2 DIRECTION

DEFINITION

Direction generally refers to the leadership required to gain acceptance for the continuing implementation of the objectives, strategies and activities formulated through the planning process.

INTRODUCTION

In the last three decades a new era of public enlightenment has begun with mental retardation being viewed as predominantly a social problem that can be dealt with in a constructive manner by fostering public acceptance, education, training, support and individual direction. With this perception of mental retardation, organizations in the private and public sectors have been able to increase programs for developmental service and community based options.

Many historical perceptions which unfortunately still exist in society promote negative thinking, prejudice and negative actions. The perceived abilities of clients with mental retardation and the perceived tolerance level of society significantly affect action programs. When assessment and appraisals are too low in these areas, acceleration of developmental programs and community based options will be especially slow. Many stakeholders in various areas of the system in Manitoba have displayed a genuine over-protective attitude on behalf of the clients and society at large. This guarded attitude has been viewed as stifling programs for developing services to meet individual needs. Some individuals and organizations have adopted an aggressive attitude over the last decade in attempts to counter the guarded attitude.

The trend in many countries, provinces and regions of the world has highlighted human developmental programs, regionalization, community integration and more attention to individual needs.

Despite recent improvements in Manitoba, many stakeholders voiced concern about the direction of the present system.

KEY ISSUES

I. The philosophy of human development, defined as minimum intervention, maximum responsibility and freedom of choice, is being discouraged through the use of traditional planning, funding and organizational practices.

II. Conflicting philosophies within the system are leading to inaction in some cases, fragmented action in others, and restricting effective use of limited resources.

III. Many ideas for dealing with mental retardation, when pushed too hard and too fast, often fail to properly recognize individuality which creates stress for individuals and the system.

DISCUSSION/CONCLUSIONS

There is need for ongoing advanced planning to support a coordinated provincial direction in the mental retardation field. The changing social conscience, the ever-changing technologies, and changing expectations for more acceptance of responsibility for services to citizens with special needs, must be adequately addressed. Many stakeholders in the private sector see the present direction as a disincentive for some developmental programming and more community based options. The existing provincial direction, as perceived by some stakeholders, is the perpetuation of institutionally based residential care in its present form at the expense of developing an adequate continuum of services in the community.

The lack of provincial missions that organizations and individuals could complement and support has allowed conflicting philosophies to fragment the system. This could lead to marginal action for community based programs. Organizations are competing for the moral, physical and financial aid of the general public and the purse strings of government. Internal feuding between organizations when taken to the public arena often confuses the donor/taxpayer, alienates him and ultimately erodes his support. The overprotective and over-aggressive attitudes of many stakeholders will progressively decline as government firmly demonstrates what can be accomplished when the private and public sectors work together in effectively developing more programs and options.

Some private community based organizations, in their attempt to influence the system, are pushing to the point where individual needs of the clients are appearing to be secondary. Many people are beginning to react to the stress created in the system, wondering if their efforts are appreciated and whether their involvement should continue. Direct service staff burnout is all too common. If too many problems go unresolved for too long, the clients and community of services in Manitoba for people who are developmentally delayed will suffer irreparable damage. There is a legitimate role for responsible advocacy but methods are beginning to be questionable on the ensuing battles between agencies vying for community support and institutional support.

The Department of Community Services and Corrections has taken the initial step toward the long term direction and has shown concern for stakeholder involvement and support by establishing the Task Force on Mental Retardation. The study has identified the major concerns and aspirations of stakeholders in the province to help determine the major thrusts required for the long term.

If trends in other countries such as the United States are any indication of the advocacy movement to be seen in Manitoba's future, then action through litigation for citizen rights may well be decided in the courts. The Task Force feels confident that prompt action on the recommendations in this report by the public and private sectors will do much to avoid such occurrences in Manitoba. The inherent waste of time and resources, and the accompanying stress through court battles, should not be necessary to influence Manitoba's future for developmental programs and community options.

The challenge ahead is immense and extremely exciting. This is especially apparent when one views the positive 20 year impact that will be offered by our new social conscience, advancing technologies and awareness of cost benefit possibilities.

Reference to Key Issue

RECOMMENDATIONS

1. 1. THAT THE PROVINCIAL GOVERNMENT DEPARTMENTS AND PRIVATE SECTOR AGENCIES PLACE A HIGH VALUE ON THE ROLE OF INDIVIDUAL ASSESSMENT AND RECOGNIZE THE INDIVIDUAL PLAN AS CRITERIA FOR ADMITTANCE TO NECESSARY PROGRAMS OR SERVICES. This will require that direct services and system supports be more flexible in supporting clients on goal oriented programs.

1.1 THAT THE PROVINCIAL GOVERNMENT PROVIDE INCENTIVES AND SUPPORT THAT WILL ENCOURAGE AND BROADEN COMMUNITY INITIATIVES IN ALL AREAS OF DIRECT SERVICES. The present perception of the disincentives for developmental programs and community based services must be dispelled by demonstrating responsible and progressive provincial leadership and support that addresses the seriousness of the needs.

Reference to Key Issue

1.2 THAT THE PROVINCIAL GOVERNMENT, IN COOPERATION WITH PRIVATE SECTOR FUNDING GROUPS, OFFER INCENTIVES TO PEOPLE IN OTHER FIELDS TO HELP RESOLVE SPECIFIC PROBLEMS IN THE MENTAL RETARDATION FIELD.

1.3 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS THROUGH THE VARIOUS DIRECTORATES ENSURE THAT GREATER USE OF GENERIC SERVICES IS CONSIDERED IN ALL FUTURE PLANNING AND ORGANIZATION.

II. 2. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT POLICY DIRECTIVES SUPPORT A THRUST OF DEVELOPMENTAL SERVICES IN FIVE YEAR PROGRAMS OVER THE NEXT 20 YEARS. Institutional care should not be promoted as the first option.

2.1 THAT THE REHABILITATIVE SERVICES DIRECTORATE AND REGIONAL DIRECTORS ENSURE THAT PROGRAMS AND SERVICES ARE READILY AVAILABLE AND EQUALLY ACCESSIBLE THROUGH A HUMAN DEVELOPMENT PROGRAM IN ALL REGIONS OF THE PROVINCE.

a. THAT BY THE YEAR 2002 ALL REGIONS OF THE PROVINCE OFFER PROGRAMS AND SERVICES TO CARE FOR THEIR CITIZENS WITH SPECIAL NEEDS AND ALLOW FOR CHOICE OF SERVICES TO THE GREATEST EXTENT POSSIBLE.

b. THAT THE LONG TERM DIRECTION BE TO MAINTAIN PEOPLE IN THEIR COMMUNITIES AND ALSO PROGESSIVELY RETURN THOSE RESIDING IN INSTITUTIONS TO THEIR OWN REGIONS.

2.2 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THE RESOURCING NECESSARY FOR ACCELERATION OF COMMUNITY BASED PROGRAMS. Direct Services must create and support an environment that is positive to nurture individual development, and the incentives must be more regional to foster community integration. Decreases in the client population of the three major institutions should be priorized taking into consideration individual need, institutional size, location, condition of buildings and quality of care.

2.3 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH HIS SENIOR ADMINISTRATORS, ENSURE SUPPORTIVE LEADERSHIP TO ENHANCE GREATER RECIPROCAL SERVICES BETWEEN INSTITUTIONAL AND COMMUNITY BASED PROGRAMS.

2.4 THAT INSTITUTIONS AND OTHER RESIDENTIAL FACILITIES BE MANAGED BY NON-PROFIT INCORPORATED COMMUNITY BOARDS, WITH GOVERNMENT RESPONSIBLE FOR ONGOING MONITORING AND EVALUATION.

2.5 THAT THE LONG TERM DIRECTION FOR THE PROVINCIAL SYSTEM BE TO PROMOTE COMMUNITY BASED PROGRAMS AND SERVICES, PREVENT INSTITUTIONALIZATION AND SUPPORT A CAUTIOUS PHASE DOWN OF INSTITUTIONS.

Reference to Key Issue

a. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS MAKE A COMMITMENT, IN PARTNERSHIP WITH THE PRIVATE SECTOR, TO PROVIDE EACH REGION THE NECESSARY SUPPORT TO DEVELOP SUFFICIENT RESIDENTIAL CARE AND COMMUNITY PROGRAMS, TO ENSURE THAT EACH REGION APPROPRIATELY PARTICIPATES IN THE PLANNING AND IMPLEMENTATION OF REQUIRED COMMUNITY OPTIONS TO MAINTAIN RESIDENTS IN THEIR REGION, AND TO ACCOMMODATE RESIDENTS FROM THE REGIONS WHO ARE RESIDING IN THE LARGE INSTITUTIONS AND HAVE BEEN PRIORIZED FOR COMMUNITY RE-ENTRY. The Task Force feels confident that stakeholders of the Province can meet the following challenge:

I. THAT THE 10 DISTRICTS OF THE WINNIPEG REGION, PROVIDE THE REQUIRED COMMUNITY RESIDENTIAL OPTIONS FOR 6 INDIVIDUALS PER YEAR IN EACH DISTRICT FOR THE INITIAL 5 YEAR THRUST. THAT IMPLEMENTATION BE PLANNED FOR THE 1984/85 FISCAL YEAR.

II. THAT EACH OF THE 7 RURAL REGIONS PROVIDE REQUIRED COMMUNITY RESIDENTIAL OPTIONS FOR 6 INDIVIDUALS PER YEAR IN A 5 YEAR THRUST. THAT IMPLEMENTATION BE PLANNED FOR THE 1985/86 FISCAL YEAR.

III. THE PRESENT PLANS FOR 1983 SHOULD BE REVIEWED AND ATTEMPTS TO DOUBLE THE COMMUNITY RESIDENTIAL OPTIONS SHOULD BE ENCOURAGED.

IV. THAT APPROPRIATE DAY PROGRAMS BE SIMULTANEOUSLY PLANNED AND IMPLEMENTED TO MEET THE NEEDS OF EACH INDIVIDUAL. Where possible, day program funds should be accessed from the respective ministries such as Education, Labour and Manpower, Economic Development and Tourism, Fitness, Recreation and Amateur Sport.

V. THAT THE ABOVE OBJECTIVES BE CLOSELY MONITORED YEARLY AND FULLY EVALUATED AT THE END OF THE 4TH YEAR OF THE PROGRAMS TO ESTABLISH CONSECUTIVE 5 YEAR PLANS.

II. 3. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS, THROUGH THE EXISTING AND NEW ORGANIZATIONAL COMPONENTS IN THE MENTAL RETARDATION SYSTEM, ENSURE A STRUCTURE THAT ENGENDERS CONFIDENCE IN THE PROVINCIAL AUTHORITY.

a. THAT INFORMATION FROM THE PROPOSED DATA CENTRE BE READILY AVAILABLE TO PUBLIC AND PRIVATE SECTOR AGENCIES.

b. THAT INDIVIDUAL ASSESSMENTS ARE BASED ON INDIVIDUAL NEEDS, TOTAL NEEDS, AND POTENTIAL DEVELOPMENT.

c. THAT PLANS FOR THE INDIVIDUAL SUPPORT THE PHILOSOPHY OF HUMAN DEVELOPMENT TO THE GREATEST DEGREE POSSIBLE.

d. THAT DIRECT SERVICES AND SYSTEM SUPPORTS FULLY SUPPORT THE INDIVIDUAL CLIENT AS OPPOSED TO ADMINISTRATIVE AND OPERATIVE PRIORITIES. The client must be the focal point of all planning and action.

II. 4. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ADOPT AND PROMOTE THE SYSTEM MISSIONS AS FORMULATED BY THE TASK FORCE:

Reference to Key Issue

4.1 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROMOTE PREVENTION AND EARLY DETECTION OF MENTAL RETARDATION AND PROVIDE THOROUGH ONGOING ASSESSMENT OF NEED FOR EACH INDIVIDUAL.

4.2 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE PROVISION OF QUALITY RESIDENTIAL OPTIONS, TRAINING, DEVELOPMENT, WORK AND LEISURE OPPORTUNITIES RESPECTING THE NEEDS, ABILITIES AND DESIRES OF EACH INDIVIDUAL.

4.3 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROMOTE AND SUSTAIN SUPPORTIVE FAMILY AND GUARDIAN RELATIONSHIPS AND PROVIDE ADVOCACY TO INDIVIDUALS AND THEIR FAMILIES AS REQUIRED.

4.4 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE BASIC HUMAN RIGHTS FOR CITIZENS WITH MENTAL RETARDATION WHILE PROVIDING ADEQUATE PROTECTION FROM PHYSICAL AND EMOTIONAL HARM.

4.5 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROMOTE GENERAL PUBLIC EDUCATION AND ACCEPTANCE OF PEOPLE WITH MENTAL RETARDATION.

4.6 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS PROVIDE AN ENVIRONMENT OF COMMITMENT TO THE NEEDS OF PEOPLE WITH MENTAL RETARDATION AND A REWARDING EXPERIENCE FOR VOLUNTEERS.

4.7 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS EMPHASIZE LOCAL AND GENERIC SERVICES WHILE MAXIMIZING ECONOMY AND EFFICIENCY THROUGH COOPERATIVE UTILIZATION OF BOTH GOVERNMENT AND PRIVATE RESOURCES.

II. 5. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE GOVERNMENT COMMITMENT AND INCENTIVES ARE PROVIDED TO SUPPORT REGIONAL HUMAN DEVELOPMENT PROGRAMS SYSTEMATICALLY THROUGHOUT THE PROVINCE. This support will entail:

a. emergency care

b. coordination and facilitation of assessment

c. training and coordination for respite care

d. inservice training of staff

e. day programs/training for clients (to prepare for community living options)

f. coordination of services and system supports

II. 6. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE MEDICAL FACILITIES AT THE MANITOBA SCHOOL BE APPROPRIATELY UPDATED.

Reference to Key Issue

6.1 THAT THE MINISTER OF HEALTH ENSURE THAT THE MEDICAL FACILITIES AND RESOURCES IN THE HOSPITAL AT PORTAGE LA PRAIRIE BE STRENGTHENED TO ACCOMMODATE RESIDENTS FROM THE MANITOBA SCHOOL WHERE THEIR NEEDS ARE NOT BEING MET BY THE SCHOOL'S INFIRMARY.

6.2 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS NOT PROCEED WITH THE DEVELOPMENT OF A NEW HOSPITAL WING AT THE MANITOBA SCHOOL.

II. 7. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT THE PLANNED RECREATION AND ACTIVITIES BUILDING FOR THE MANITOBA SCHOOL IS EVALUATED AND APPRAISED ON ITS MERITS IN CONTRIBUTING TO ADVANCE THE PROVINCIAL MISSIONS. This should be done in consultation with the planners of the City of Portage la Prairie.

III. 8. THAT THE PROVINCIAL ASSESSMENT COORDINATOR DULY ASSESS THE LEVEL OF STRESS BEING EXPERIENCED BY INDIVIDUALS AND THEIR FAMILIES.

III. 9. THAT THE PROPOSED INFORMATION AND PLANNING GROUP, CONCURRENT WITH THEIR FUNCTIONS OF INFORMATION AND DATA SERVICE, PLANNING SERVICE, AND COORDINATION OF PUBLIC EDUCATION, MONITOR SYSTEM STRESS AND TRACK SYSTEM IMPROVEMENTS FOR EFFECTIVENESS.

III. 10. THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY FUNCTION AS A FORMAL PROVINCIAL APPEAL BODY TO DEAL WITH INDIVIDUAL AND SYSTEM CONCERNS FOR CITIZENS WITH MENTAL RETARDATION.

C.3 CONTROL AND FUNDING

DEFINITION

Control at all levels of management is the positive and critical procedure of setting standards or performance indicators and monitoring and correcting any deviations or deficiencies. Funding is the primary resource that controls the majority of activities as directed by priorities to appropriately balance system missions.

INTRODUCTION

Society has been predominately oriented to providing developmental improvement programs for the well being of its citizens. Over the last hundred years, more and more social programs such as education, health and training necessary to improve the quality of life have been adopted as government programs, or have been recognized as government responsibility. These universal programs have contributed immeasurably to developing individuals and preparing them for living, working and adapting to their environment.

In earlier times, if an individual deviated from the norm to a significant degree, there were two basic options; stay at home, or be placed in institutional care. In either case, the result at best was maintenance of life as comfortably as possible.

Many parents cannot cope with severe lifelong disabilities of their dependents, without societal support. Other parents, even with support, find their situation impossible. Many parents find the present options very limited for direct service, and often feel that the only way their child may obtain some specialized developmental programs is by opting for institutional care. This option has normally been a last resort. However, with limited community programs, institutional placements will continue and the process will accelerate if the present status quo is maintained.

In 1957 the Manitoba School had 907 residents and the approximate population of St. Amant was 25. By the late 1960's the population of the Manitoba School was 1,240. Through the establishment of the Pelican Lake Training Centre with a population of 70, and the development and growth of the St. Amant Centre to care for 275 people, as well as numerous community placements, the resident population of the Manitoba School has declined to the present number of 860 residents. A number of individuals have been readmitted to the Manitoba School at various times due to functional or societal incompatibility. Unfortunately monitoring progress of individuals has not always been positively directed to functional improvement and maintenance of community living. Despite recent progress of the last decade with community placements, the last 25 years has experienced a net increase of 273 institutional placements in Manitoba. This is due to the growing number of individuals with mental retardation, their increasing lifespan, and insufficient community options.

Administrations and service providers have demonstrated that developmental programs and supports are the twin keys to preparing individuals for re-entry to the community and for successfully maintaining people in the community. In Manitoba, as mental retardation has become more recognized in the humanities, there has been an increase in the number and types of developmental programs established, particularly for the most able functioning individuals. Unfortunately, monitoring and control have become very difficult since standards and performance indicators are in a state of change, and long term direction is just unfolding. In measuring success or adequately modifying programs to keep pace with individual needs, it becomes increasingly difficult when social expectations are mixed and stakeholders in the private sector are at odds with each other. The public sector has done remarkably well in the mental retardation field considering the provincial environment of the last decade.

The monitoring and control functions have been housed in the system with many departments, directorates, branch services of the government, and also in private sector administrations. Various administrations have invariably disagreed on the rate of change required for the system or the most effective way of directing and controlling the system for the benefit of the clients and other stakeholders in the province.

KEY ISSUES

I. The public administration has been perceived as controlling the system in the traditional way of care through traditional planning, organizational practices, policy direction and funding, while limiting acceleration of developmental programs and community options.

II. The effectiveness and efficiency of government sponsored programs in the private and public sectors have not been adequately assessed.

III. In many instances when objectives are, or seen to be inflexible, service delivery personnel tend to become ambiguous in projecting output and reporting actual results.

IV. There are attempts to meet a multiplicity of needs by numerous programs and services with some being inadequately funded.

DISCUSSIONS/CONCLUSIONS

Managers and administrations are concerned with the main asepects of their mandate; that is achieving their objectives as effectively and efficiently as possible. This must be done without transgressing the law, or violating codes, standards, or rights. In monitoring performance, administrations must also reappraise their objectives.

The public administration in Manitoba has demonstrated some efficient policies in the last two decades with programs in the mental retardation field. Much has changed with greater societal expectation and acceptance of people with mental retardation. Human rights are progressively and aggresively being sought for these citizens. Individual and system needs are just now being more closely analysed. The trend for the future will be closer scrutiny of policy direction that supersedes administrative and direct service provision.

Some previous policy directives of the government will require revamping and the private sector will require a better perspective of the system while maintaining realistic expectations of their goals and resourcing required.

Many stakeholders see the public administration as providing the heaviest program thrusts to the institutionally based residential care programs. This is evidenced by the larger administrations having the heaviest funding, staff resources and support. What is often forgotten, however, is the fact that most of these clients are the most difficult to care for, thus requiring the heaviest resourcing. This resourcing has been built up over many years and required changes will be best handled in a systematic manner for the short and long term.

A cost analysis comparing institutional costs versus community costs with adequate day programming indicates comparable costs for many clients. For many clients, however, the benefits of community living would far outweigh the more restricted institutional based residential care benefits. The cost benefit possibilities tend to look very positive when one views the lifelong nature of mental retardation. The cost of caring for a severely or profoundly retarded individual at today's rates of $25,000 per annum, projected for a lifespan of 40 years approximates $1,000,000 per individual. When approximate direct annual costs in the field of mental retardation are tallied, $31,000,000 is identified. If these direct costs at today's dollar are projected to the future with an average of 10% increase per year for 20 years, the accumulated total would approximate $1.7 billion. Any administration would have to regard this field as big business, demanding appropriate advance planning for effectiveness and efficiency. With the high cost of individual care, direct service, system support and administration, there must be flexibility built into the system so that needs are adequately addressed. The present options are too limited to allow for required flexibility.

Initially, new money will be required to accelerate developmental programs, community options and supports. This will do much to alleviate the infighting by administrations in the private and public sectors vying for the same dollars to accelerate their programs. Unfortunately, past priorities have been especially low for some sectors, such as adequate facilities for the Manitoba School, sufficient residential care spaces in Winnipeg and adequate day programs.

Services in both the private and public sectors have been established and promoted with passion and good intentions. Administrations, however, have not adequately provided monitoring with which to verify efficiency and effectiveness of the services now being questioned. System expectations for new programs have been fueled and with the present funding levels, some services are inadequately resourced. A formal system of monitoring and controlling requires flexibility that will allow for correction of problems encountered in the direct services to individuals. Otherwise, many clients regarded as failing to develop functionally will become ideal candidates for readmittance to a more restricted environment.

Ongoing reappraisal must be more fully planned for the system supports of assessment, legislation, prevention, applied research, respite care, public education, human resources, and protection. It will become increasingly important that adequate monitoring determines how well individual needs are being met and that services are not being neglected. Many clients are vulnerable to abuses prevalent in society, and have difficulty expressing problems or expectations.

In some instances the control function is not appreciated by service providers and is viewed as a negative function. This is because it deals with evaluation of performance and generally disliked paperwork. Some service providers, in fear of programs being curtailed, tend to exaggerate or cover up the actual results of their efforts. This in turn leads to distortion of the level of goal achievement and delays necessary modifications to ensure the needs of the individual are being met with reasonable resourcing.

Many stakeholders are aware of the difficulties inherent in large and small administrations. They are also aware there is much departmentalization with various private and public sector agencies carrying different programs. The stakeholders and especially the parents know that different administrations have differing philosophies. Different ministers and managers have varying management styles. The stakeholders appreciate the difficulties presented to those in power. The parents and individual clients, however, are especially hopeful those in control will assure more developmental programs, community options and appropriate supports with a progressive thrust. It has been made quite clear to the Task Force by many parents and other stakeholders that a system, evolutionary in nature, is highly desirable.

The challenge in this area will be the continued planning of controls into goal setting appropriate to the assessment of individual and system needs. The differentiation of what is measurable and controllable will become the real test of the managers in the system. It will be crucial that missions for the mental retardation system be advanced for the optimum direction to benefit all stakeholders. This will assist immensely in minimizing internal conflicts between organizations in the system. When the system missions are in place, and long term direction established, any achievement in any part of the system should be regarded as a gain and win for the whole system.

The systems of community and institutional services will become more closely allied to develop one new mental retardation system that effectively works with the generic services. When organization and individual goals become secondary to provincial missions, then the systems of community and institutional services will be more fully developed and services will become more readily and equally accessible to all citizens. With more options and opportunities there will be more hope for the future.

Reference to Key Issue

RECOMMENDATIONS

I. 1. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS SUPPORT THE SYSTEM MISSIONS WITH A PROGRESSIVE THRUST OF DEVELOPMENTAL SERVICES IN 5 YEAR PLANS OVER THE NEXT 20 YEARS WITH APPROPRIATE SYSTEM TRACKING TO KEEP DEVELOPMENTS ON TARGET.

1.1 THAT THE PROVINCIAL ASSESSMENT COORDINATOR MONITOR ASSESSMENTS TO DETERMINE THE CHANGING NEEDS OF EACH INDIVIDUAL AND THAT PLANS ARE APPROPRIATE.

1.2 THAT THE PROVINCIAL COORDINATOR ESTABLISH ASSESSMENT TREATMENT TEAMS IN EACH REGION OF THE PROVINCE TO ANNUALLY REVIEW ALL ASSESSMENTS.

1.3 THAT THE PROPOSED INFORMATION AND PLANNING GROUP PROVIDE THE NUCLEUS FOR STRATEGIC PLANNING AND WORK WITH THE PRIVATE AND PUBLIC SECTORS IN APPROPRIATELY ADVANCING THE SYSTEM MISSIONS.

1.4 THAT REHABILITATIVE SERVICES, WITH ITS BRANCH AGENCIES ACT AS A PLANNING ARBITRATION BOARD FOR RESOLVING DISPUTES ON PLANS AND DEVELOPING THE RESOURCES AND STAFF TO CARRY OUT HUMAN DEVELOPMENT SERVICES.

1.5 THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS ENSURE THAT A MORE FORMAL APPEAL SYSTEM IS IN PLACE TO APPROPRIATELY ADDRESS THE SERIOUSNESS OF INDIVIDUAL AND SYSTEM NEEDS.

II. 2. THAT THE PROPOSED HUMAN DEVELOPMENT AUTHORITY ANNUALLY MONITOR AND ASSESS PROGRAMS IN THE PRIVATE AND PUBLIC SECTORS TO DETERMINE THE EFFECTIVENESS AND EFFICIENCY OF ALL ASSOCIATED PROGRAMS IN THE MENTAL RETARDATION SYSTEM IN RELATIONSHIP TO THE IMPORTANCE OF SYSTEM MISSIONS.

III. 3. THAT ADMINISTRATORS IN THE PRIVATE AND PUBLIC SECTORS EMPLOY THE PRINCIPLES OF MANAGEMENT BY OBJECTIVES FOR THEIR SERVICE DELIVERY PERSONNEL, WHILE ENSURING THE PROPER PERSPECTIVE OF INDIVIDUAL AND ORGANIZATIONAL GOALS IN RELATIONSHIP TO PROVINCIAL MISSIONS.

3.1 THAT ADMINISTRATIONS IN THE PRIVATE AND PUBLIC SECTORS ALLOW FOR THE NECESSARY FLEXIBILITY IN THEIR REGIONAL PLANS FOR THE PROVISION OF SERVICES IN THAT THEY MEET INDIVIDUAL NEEDS APPROPRIATELY.

3.2 THAT ADMINISTRATIONS IN THE PRIVATE AND PUBLIC SECTORS ANALYSE THE PRESENT REPORTING PROCEDURES WITH THE OBJECTIVES OF INCREASING TIME AVAILABLE FOR SERVICE PROVISION AND DECREASING TIME SPENT ON DOCUMENTATION THROUGH IMPROVED REPORTING FORMATS.

Reference to Key Issue

4. THAT THE PROVINCIAL GOVERNMENT SUPPORT THE IMPLEMENTATION OF THE TASK FORCE RECOMMENDATIONS TO ADVANCE THE 7 PROVINCIAL MISSIONS APPROPRIATELY ACCORDING TO THE PROVINCIAL ENVIRONMENT OVER THE NEXT 20 YEARS. The proposed Information and Planning Group, the Human Development Authority and the proposed Residential Options Agency are major organizational components that should receive high priority and early implementation. The proposed Information and Planning Group, with further involvement in the private and public sectors should advance implementation plans and budget requirements. The following priorizations and funding requirements for the major recommendations support the emphasis for a provincial direction. *The approximate budgets are advanced at this point of the report predominantly to act as a focal point and not as detailed financial or time requirements.* The full feasibility and logistics will require involvement from the public and private sectors to advance the detail for programs zeroing in on more community based programs on a regional and district basis.

4.1 THAT THE PROVINCIAL GOVERNMENT DULY ACCESS FEDERAL MONIES ON A 50/50 COST SHARING ARRANGEMENT FOR ALL COMMUNITY OPERATIONAL PROGRAMS INCLUDING RESIDENTIAL CARE OPTIONS AS RELFECTED IN THE FEDERAL/PROVINCIAL COST SHARING FOR INSTITUTIONAL SERVICES.

ALL APPROXIMATIONS ARE BASED ON 1982 DOLLARS.

- PRIVATE SECTOR BASICALLY RESPONSIBLE FOR CAPITAL MONIES.
- PUBLIC SECTOR BASICALLY RESPONSIBLE FOR OPERATIONAL MONIES.

ORGANIZATIONAL COSTS	**Provincial Region/ District**	**One Year Total**	**Five Year Total**
IMPLEMENTATION FOR 1983			
4.2 INFORMATION AND PLANNING GROUP WITH STAFF RESORCES AND AUXILIARY RESOURCES FOR A DATA CENTRE (4 SMY'S)	$250,000	$250,000	$1,250,000
4.3 HUMAN DEVELOPMENT AUTHORITY WITH STAFF RESOURCES AND AUXILIARY RESOURCES (3 SMY'S)	$150,000	$150,000	$750,000
4.4 RESIDENTIAL OPTIONS AGENCY WITH STAFF RESOURCES AND AUXILIARY RESOURCES (3 SMY'S)	100,000	100,000	500,000
	$500,000	$500,000	$2,500,000

NEW DIRECT SERVICES COSTS

IMPLEMENTATION FOR 1983:			
4.5 24 ADDITIONAL COMMUNITY RESIDENTIAL OPTIONS	$360,000	$360,000	$1,800,000
4.6 RESIDENTIAL CARE SPACES IN WINNIPEG FOR 24 AMBULATORY SEVERELY/PROFOUNDLY RETARDED ADOLESCENTS	$360,000	$360,000	$1,800,000
	$720,000	$720,000	$3,600,000

4.7 WINNIPEG 5 YEAR THRUST FOR RESIDENTIAL CARE IMPLEMENTATION TO BEGIN 1984

	Provincial Region/ District	One Year Total	Five Year Total
6 COMMUNITY RESIDENTIAL OPTIONS PER DISTRICT	$90,000		
LESS CAPITAL COST BY PRIVATE SECTOR	-10,000		
LESS STAFF REDEPLOYMENT FROM INSTITUTIONS OF 3 SMY/YEAR	-45,000*		
*1984 EXEMPT			
NET INCREASE FIRST YEAR	80,000		
NET INCREASE SUBSEQUENT YEARS	35,000		
60 COMMUNITY RESIDENTIAL OPTIONS FOR 10 DISTRICTS		$900,000	
LESS CAPITAL COSTS BY PRIVATE SECTOR		-100,000	
LESS STAFF REDEPLOYMENT FROM INSTITUTIONS OF 30 SMY/YEAR		-450,000*	
*1984 EXEMPT			
NET INCREASE FIRST YEAR		$800,000	
NET INCREASE SUBSEQUENT YEARS		$350,000	
300 COMMUNITY RESIDENTIAL OPTIONS FOR 10 DISTRICTS			$4,500,000
LESS CAPITAL COST BY PRIVATE SECTOR			-500,000
LESS STAFF REDEPLOYMENT FOR 4 YEARS 120 SMY'S OVER 4 YEARS			-1,800,000
NET INCREASE			$2,200,000

	Provincial Region/ District	One Year Total	Five Year Total
4.8 RURAL REGIONS — 5 YEAR THRUST FOR RESIDENTIAL CARE IMPLEMENTATION TO BEGIN 1985			
6 COMMUNITY RESIDENTIAL OPTIONS/REGION	$90,000		
LESS CAPITAL COST BY PRIVATE SECTOR	-10,000		
LESS STAFF REDEPLOYMENT FROM INSTITUTIONS OF 3 SMY/YEAR	-45,000		
NET INCREASE	$35,000		
42 COMMUNITY RESIDENTIAL OPTIONS FOR 7 RURAL REGIONS		$630,000	
LESS CAPITAL COST BY PRIVATE SECTOR		-70,000	
LESS STAFF REDEPLOYMENT FROM INSTITUTIONS OF 21 SMY/YEAR		-315,000	
NET INCREASE		$245,000	
210 COMMUNITY RESIDENTIAL OPTIONS FOR 7 RURAL REGIONS			$3,150,000
LESS CAPITAL COST BY PRIVATE SECTOR			-350,000
LESS STAFF REDEPLOYMENT FROM INSTITUTIONS OF 105 SMY'S			-1,575,000
NET INCREASE			$1,225,000

	Provincial Region/ District	One Year Total	Five Year Total
4.9 PELICAN LAKE DEMONSTRATION PROJECT 5 YEAR THRUST. IMPLEMENTATION TO BEGIN 1986. APPROXIMATELY 40 RESIDENTS TO BE MOVED BACK TO THEIR RESPECTIVE REGIONS (COSTS TO BE ABSORBED IN PROVINCIAL PROGRAM OF WINNIPEG AND RURAL THRUSTS).			
30 RESIDENTS TO BE ACCOMMODATED IN THE NINETTE AREA WITHIN AN APPROPRIATE TRAVELLING DISTANCE: I.E. 30 MILE RADIUS.			
6 INDIVIDUALS PER YEAR FOR COMMUNITY RESIDENTIAL OPTIONS		$90,000	
LESS CAPITAL COST BY PRIVATE SECTOR		-10,000	
LESS STAFF REDEPLOYMENT FROM PELICAN LAKE OF 3 SMY/YEAR		-45,000	
NET INCREASE		$35,000	
30 COMMUNITY RESIDENTIAL OPTIONS IN NINETTE AREA			$ 450,000
LESS CAPITAL COST BY PRIVATE SECTOR			-60,000
LESS STAFF REDEPLOYMENT FROM PELICAN LAKE OF 15 SMY'S			-225,000
NET INCREASE			$ 165,000
TOTAL COST FOR 5 YEARS			$8,690,000
LESS FEDERAL PORTION OF 50%			-4,345,000
NET PROVINCIAL 5 YEAR SHARE			$4,345,000
NET ANNUAL PROVINCIAL SHARE			$ 869,000

4.10 THAT DAY PROGRAMS IN THE REGIONS BE SIMULTANEOUSLY PLANNED, IMPLEMENTED, AND FUNDING BE ACCESSED FROM THE RESPECTIVE MINISTRIES OF EDUCATION, LABOUR AND MANPOWER, FITNESS RECREATION AND AMATEUR SPORT, ECONOMIC DEVELOPMENT AND COMMUNITY SERVICES AND CORRECTIONS. I.E.:

SCHOOL PROGRAMS	DEPARTMENT OF EDUCATION
MANITOBA SCHOOL RECREATION AND ACTIVITY BUILDING	DEPARTMENT OF FITNESS RECREATION AND AMATEUR SPORT
MANITOBA SCHOOL INFIRMARY	DEPARTMENT OF HEALTH
FEASIBILITY FOR WORK ACTIVITY PROJECTS, PROGRAMS IN EACH REGION AND SPECIFIC DISTRICTS	DEPARTMENT OF ECONOMIC DEVELOPMENT AND TOURISM DEPARTMENT OF COMMUNITY SERVICES AND CORRECTIONS.

IV. 5. THAT THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS THROUGH THE PROPOSED INFORMATION AND PLANNING GROUP STUDY THE FEASIBILITY OF GOVERNMENT SUPPORT TO THE ESTABLISHMENT OF A PROVINCIAL CAMPAIGN WITH A MANDATE OF RAISING FUNDS FOR COMMUNITY CAPITAL EXPANSION PROGRAMS FOR ALL REGIONS OF THE PROVINCE AND FOR RESEARCH.

5.1 THAT THE PROVINCIAL CAMPAIGN WILL REQUIRE A MINIMUM BASE SUPPORT OF 7 YEARS WITHIN WHICH TO RAISE $15,000,000.

5.2 THAT THE PROVINCIAL CAMPAIGN BE ADMINISTERED BY A NON-PROFIT FOUNDATION.

5.3 THAT THE PROVINCIAL CAMPAIGN WILL REQUIRE A RESOURCE SUPPORT TO INITIALLY EMPLOY 3 PERMANENT PEOPLE.

5.4 THAT THE PROVINCIAL CAMPAIGN BE PROVIDED OFFICE SPACE AND THE NECESSARY AUXILIARY RESOURCES.

5.5 THAT THE PROVINCIAL CAMPAIGN HAVE GUIDELINES ESTABLISHED TO ENSURE THAT THE FUNDS RAISED IN RELATIONSHIP TO ADMINISTRATIVE EXPENDITURES ARE IN AN ACCEPTABLE RATIO.

5.6 THAT THE PROVINCIAL CAMPAIGN INITIATIVES COMPLEMENT AND NOT COMPETE WITH LOCAL INITIATIVES.

5.7 THAT THE PROVINCIAL CAMPAIGN SECURE MAJOR SUPPORT FROM THE LARGE CORPORATIONS DOING BUSINESS IN MANITOBA. It should be noted that many of these large corporations have head offices in Eastern and Western Canada.

5.8 THAT THE CHAIRMAN OF THE PROVINCIAL CAMPAIGN PROVIDE AN ANNUAL REPORT TO THE MINISTER OF COMMUNITY SERVICES AND CORRECTIONS AND THE HUMAN DEVELOPMENT AUTHORITY.

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SYSTEM DIRECTION: THE MISSIONS

That the minister of community services and corrections adopt and promote the system missions as formulated by the task force:

1. Promote prevention and early detection of mental retardation and provide thorough ongoing assessment of need for each individual.
2. Ensure provision of quality residential options, training, development, work and leisure opportunities respecting the needs, abilities and desires of each individual.
3. Promote and sustain supportive family and guardian relationships and provide advocacy to individuals and their families as required.
4. Ensure basic human rights for citizens with mental retardation while providing adequate protection from physical and emotional harm.
5. Promote general public education and acceptance of people with mental retardation.
6. Provide an environment of commitment to the needs of people with mental retardation and a rewarding experience for volunteers.
7. Emphasize local and generic services while maximizing economy and efficiency through cooperative utilization of both government and private resources.

PEOPLE HAVE INDIVIDUAL NEEDS